

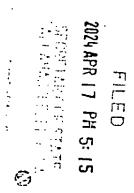
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	le Holding, LLC		
SUBJECT:	Name of Limi	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Bonny Brewer		
		Name of Person	
	Legion Title Holding, LLC		
		Firm/Company	
	301 E. Pine St., Suite 850		
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	_
	bonnyb@legiontitle.com	o be used for future annual report noti	English)
For further information of	encerning this matter, please ca		incanoni
Bonny Brewer		407 641-5479	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	·ss:	Street Address:	
Registration		Registration Se	
Division of C	-	Division of Cor The Centre of T	•
P.O. Box 63.	2 7	The Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legion Title Holding, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	vere filed on September 15, 2022 and assign
Florida document number L22000403424	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
BECTREBON HOLDING, LLC	
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	`
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
3. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new r</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
 .	City 7.ip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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. Effective date, if other than t	ne date of filir	April 15, 20		1 00	_ (optional)	
(If an effective date is listed, the date r Note: If the date inserted in this	block does not	meet the applic	able statutory	or more than 90 filing requirem	ents, this date wi	ll not be listed as
document's effective date on the	Department of	State's records.				
the record specifies a delayed effec	ivo dota but ne	at an affactive ti	me at 12:01 a	m on the earl	erofi(h) The 9	Oth day after the
ecord is filed.	ive date, out lic	or an enective ti	me, at 12.01 a	on the carr	o (o) +110 /	
A		2024				
Dated			<u> </u>			
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