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Division of Corporations

LegalZoom com, Inc.

Florida Department of State Distributof Corporations

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Account Number : I20010000062 : (323)962-8600 Phone : (323)389-0502 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY CONSULTING & PROCURING LLC

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Heip

COVER LETTER

SUBJECT: Name of Limited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are subr	nitted for filing.		
Please return all corresp	nondence concerning this matter (to the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, inc.			
Firm/Company				
101 N Brand Blvd 11th Fl				
Address				
	Glendale, CA 91203			
City/State and Zip Code				
	angelsofgod2017/g/gmail.com			
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Cheyenne Moseley		800 773-0888		
Name	e of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the 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 isza a disperce	CTDEFT/COHDII	ED AMMDESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

o:

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

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LEGACY CONSULTING & PROCURING LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000427321	were filed on 10/04/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered of	ffice address on our records, ente	er the name of the ne
registered agent and/or the new registered office address here	<u>e</u> :	2022 OC
Name of New Registered Agent:		
New Registered Office Address:	EmerFloridastreetaddress Florida	700 A
	Cin'	ZipCo4s

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBIN CIANO		
		1403 WINDING OAK DR PORT CHARLOTTE, FL 33948	■ Remove
			Change
AMBR	ROBYN CIANO	1403 WINDING OAK DR PORT CHARLOTTE, FL 33948	 Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change

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