

11/4/22, 11:23 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L22000427321

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

2022 NOV -4 PM 12:16

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 NOV -4 PM 12:16

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K. SALY

NOV - 7 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**LEGACY CONSULTING & PROCURING LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 NOV -4 PM 5:10  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL 32310

The Articles of Organization for this Limited Liability Company were filed on 10/04/22 and assigned  
Florida document number L22000427321.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

18245 PAULSON DRIVE VP-18

(Principal office address MUST BE A STREET ADDRESS)

PORT CHARLOTTE, FL 33954

Enter new mailing address, if applicable:

18245 PAULSON DRIVE VP-18

(Mailing address MAY BE A POST OFFICE BOX)

PORT CHARLOTTE, FL 33954

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRIAN MCDANIEL	18245 PAULSON DRIVE VP-18	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANNA DECANIO	18245 PAULSON DRIVE VP-18	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROBYN CIANO	18245 PAULSON DRIVE VP-18	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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ALLAH ASSISTANT LOU

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
2022 NOV -4 PM 5:10  
FULTON COUNTY, GA  
CLERK OF SUPERIOR COURT

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/04 2022

Morgan Potter

Signature of a member or authorized representative of a member

Morgan Noble

Typed or printed name of signee

**Filing Fee: \$25.00**