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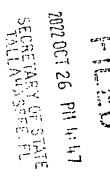
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	L LEGACY GROUP LLC					
SUBJECT:	_					
	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	Jana Sprenkel					
	-	Name of Person		_		
	Sprenkel Legacy Group 1.	I.C				
		Firm/Company	_	_		
	210 Canterclub Trail			202 SE		
	 -	Address		200 CGG	4.	
	Longwood, FL 32779			1 26 Alta	•	
	jana.sprenkel@lstclassre.co	City/State and Zip Code		2022 OCT 26 PH 4: 47 SECRETARY OF STATE TALLAHASSEELFL		
	E-mail address: (to be used for future annual report not	ification)	147 1147		
For further information c	oncerning this matter, please c	all:				
Jay Cole	407 960-9362 at ()					
Name o	f Person	Area Code Daytin	ne Felephone Numb	per		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Se				
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee				
Tallahassee.	FL 32314	2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liah (A Flor	oility Company as it noida Limited Liability C	ow appears on our records.) ompany)	l			
The Articles of Organization for this Limited Liability Company were filed on October 04, 2022 Torida document number 1,22000428045			.	and assigned		
his amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the li</u>	mited liability con	<u>ıpany here</u> :				
The new name must be distinguishable and contain the words "L	imited Liability Compa	any." the designation "LLC" of	or the abbrev	iation "L	.IC."	
Enter new principal offices address, if applicable:				جہ –		
Principal office address MUST BE A STREET ADD	DRESS)		<u> </u>	2022		
				80		
				26		
inter new mailing address, if applicable:				- - 0	7 7 7 g	
Mailing address MAY BE A POST OFFICE BOX)			inn.		1000	
manning water to the control of the bond			골목	=		
			177		·	
 If amending the registered agent and/or register gent and/or the new registered office address here 		on our records, <u>enter th</u>	ie name ol	the ne	w regis	
Name of New Registered Agent: Jay	Cole		_			
New Registered Office Address:						
- -		Enter Florida street address				
		, Flor				
	City			tip 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.

Jay H. Cole
11,1 Cole Oct 19, 2022 16 52 EDT

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>	Type of Action
			①Add
			= ERemove
			\(\triange \)
			□Remove
			SECREII
			AHASSEE STAND
			□Remove
			□Change
		 	⊒Remove
			□Change
			□Add
			□Remove
			□Change

Signature of a member or authorized representative of a member

Typed or printed name of signee

Jana Sprenkel