To:

Florida Department of State Division of Contraction Division of Contraction Division of Cover sheet

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 : RASI

Account Number : I20220000023 Phone : (800)221-2972

Fax Number : (917)243-5843

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGEND801 LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

C. BRUMBLEY

ARTICLES OF AMENDMENT

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| ARTICLES OF O | RGANIZATION | - 20 2 |
| · O | F | NON ZZOS: |
| | · | |
| Legend801 LLC | | 器 是 |
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) | SSS P |
| (A Florida Limited L | isolity Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 10/12/2022 | ा रहाnd assigned |
| T 22000438399 | | 09 |
| Florida document numberL22000438399 | | – |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabit | ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| | TRAC (LPAN | IIIA AVE |
| Enter new principal offices address, if applicable: | 1803 34100 | 2017 7.10 |
| (Principal office address MUST BE A STREET ADDRESS) | 7805 SAPOD #510 WEST PALM BEN | |
| | WEST PALM BENC | :H FL 3340 |
| | _ | |
| The second secon | 35 TULIP AV | IENUE |
| Enter new mailing address, if applicable: | # 967 | |
| (Mailing address MAY BE A POST OFFICE BOX) | 35 TULIP AV #967 FLORM PARK, | 14 11002 |
| | FLORRE TARC | <u> </u> |
| | er | an the name of the new |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | nice address on our records, ent | er the manie or the nove |
| registered agent and of the new registered office address Act | • | |
| | | |
| 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: | | |
| | | t talk alon |

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 mercly 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:

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| MGR = Manager AMBR = Authorized Member | | , <u>(</u> | VC10 | |
|---|----------------------------|--------------------------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address AVE TE | Type of Action | |
| AMBR | Jacqueline Baklajian-Baron | Address 780 5 SAPODILLA AVE #5 | 🌣 Add | |
| | | WEST PALM BEACH, FL 33401 | Remove | |
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| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | November 17 2022 |
| | Signature of a member or authorized representative of a member |
| | ALEX BAROW |

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Filing Fee: \$25.00