

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status MAR - 6 2023	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	(Address)
(Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	(Address)
(Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	(City/State/7in/Phone #)
(Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	(Only) States E.p. (Hone H)
(Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	PICK-UP WAIT MAIL
(Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: MAR - 6 2023	
Special Instructions to Filing Officer: MAR - 6 2023	(Business Entity Name)
Special Instructions to Filing Officer: MAR - 6 2023	
Special Instructions to Filing Officer: CEIVE MAR - 6 2023	(Document Number)
Special Instructions to Filing Officer: CEIVE MAR - 6 2023	
MAR - 6 2023	Certified Copies Certificates of Status
MAR - 6 2023	
MAR - 6 2023	_
<u> </u>	ECEIVE
Υ <u>:</u>	MAR - 6 2023
	7:
II.	•

Office Use Only

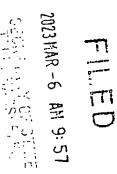


600403761096 ECEIVE

MAR - 6 2023



513123 VU



COVER LETTER

LEGACY	COMMERCAIL REAL ESTA	TE LAKEWOOD RANCH, LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brian Allan Stephens			
		Name of Person		
Division of Corporations LEGACY COMMERCAIL REAL ESTATE LAKEWOOD RANCH, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Brian Allan Stephens Name of Person Legacy Venture Group Firm/Company 3419 Brook Crossing Drive Address Brandon, FL.33511 City/State and Zip Code biz@buybizusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian Stephens Name of Person Name of Person Name of Person City/State and Zip Code biz@buybizusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian Stephens Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
		Firm/Company		
Firm/Company 3419 Brook Crossing Drive Address Brandon, FL 33511 City/State and Zip Code				
Division of Corporations LEGACY COMMERCAIL REAL ESTATE LAKEWOOD RANCH, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Brian Allan Stephens				
	Brandon, FL 33511			
	biz@buybizusa.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	fleation)	
For further information c	oncerning this matter, please c	all:		
Brian Stephens		813 571-7700		
Name	f Person	at ()	u Talanharu Numbur	
Name o	i i cison	Area Code Dayum	te reteptione Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ntio	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY COMMERCAIL REAL ESTATE LAKEWOOD RANCH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _ 1.22000452102 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEGACY COMMERCIAL & BUSINESS SALES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL.C." or the abbreviation "LL.C." 3419 BROOK CROSSING DRIVE Enter new principal offices address, if applicable: BRANDON, FL 33511 (Principal office address MUST BE A STREET ADDRESS) 3419 BROOK CROSSING DRIVE Enter new mailing address, if applicable: BRANDON, FL 33511 (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

_, Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<u>-</u>			□Add
			□Remove
			□Change

				<u>.</u>
			·	
				
				
	···			
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be pricedoes not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Pursi quirements, this date will r	uant to 605.020 not be listed a
e record specifies a delayed effective da rd is filed.	ate, but not an effective	time, at 12:01 a.m. on t	ne earlier of: (b) The 90th	n day after the
21 February	2023			
Dated	711	 ·		
La X	Tillian			

Typed or printed name of signee