

10/4/23, 2:13 PM

Division of Corporations

L 230000018379

Florida Department of State
Division of Corporations
Electronic Filing 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.

((H23000349020 3)))



H230003490203490X

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)294-3731

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

Email Address: carmol@comcast.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEGACY ADVISERS, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

001-52023

FAX AUDIT NO.: H23000349020.3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Advisers, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy C. MacF. Burbolt

Name of Person

Firm/Company

71 Bridge Street

Address

Manchester-by-the-Sea, MA 01944

City/State and Zip Code

carmot@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy C. MacF. Burbolt

Name of Person

at (978)

Area Code

526-4377

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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FAX AUDIT NO.: H23000349020.3

FAX AUDIT NO: H23000349020 3

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

Legacy Advisers, 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 1/17/2023 and assigned on Florida document number L23000018379.

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: 4055 Edison Avenue 23
(Principal office address **MUST BE A STREET ADDRESS**) Fort Myers, FL 33916

Enter new mailing address, if applicable: 4055 Edison Avenue
(Mailing address **MAY BE A POST OFFICE BOX**) Fort Myers, FL 33916

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: David M. Halpen

New Registered Office Address: 1562 Inventors Court

Enter Florida street address

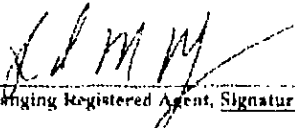
Fort Myers, Florida 33901

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

FAX AUDIT NO: H23000349020 3

FAX AUDIT NO.: H23000349020.3

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>
MGR	Anthony Lomangino	2442 Rockfill Road	☐ Add
		Fort Myers, FL 33916	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FAX AUDIT NO.: H23000349020.3

