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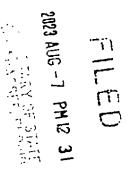
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A. RAMSEY AUG 2 52023

COVER LETTER

TO: Registration 9 Division of Co				
Legacy V SUBJECT:	entures, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	unitted for filing		
	ondence concerning this matter	<u>-</u>		
	Ralph Consiglio			
		Name of Person		
	Haylo Investment Group,	LLC (NEW CERPANY NAME)	Legacy Ventures, LLC (OD)	
	433 Plaza Real Suitte 245		` /	
		Address		
	Boca Raton FL 33432 City/State and Zip Code			
	iamrj127@aol.com		 	
		to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	all:		
Ralph Consiglio		561 927-6852 at ()		
Name	of Person	at () Area Code Daytime T	elephone 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)	
<u>Mailing Addr</u> Registration		Street Address: Registration Secti	OII	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG -7 PH 12 31

Legacy Ventures, 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 $\frac{2/09i2023}{2}$ and assigned Florida document number $\frac{1.23000073834}{1.23000073834}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Haylo Investment Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 433 PLAZA REAL SUITE 245 Enter new principal offices address, if applicable: BOCA RATON, FL 33432 (Principal office address MUST BE A STREET ADDRESS) 433 PLAZA REAL SUITE 245 Enter new mailing address, if applicable: BOCA RATON, FL 33432 (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: Ralph Consiglio Name of New Registered Agent: 433 PLAZA REAL SUITE 245 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

Boca Raton

_, Florida ³³⁴³² Zin Code 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>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	🗀 Add
			□Remove
			□ Change
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Effecti	7/31/2023 (optional)
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e recore rd is fil	I 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 ed.
Dated .	7-31-23
	Signature of a member or authorized representative of a member

Typed or printed name of signee