L23000 114 166

	<u> </u>	
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
		l
		,
		,



500413664985

08/09/23--01017--005 **25.00

2023 AUG - 9 AH II: 45

Office Use Only

of Blaceldons

COVER LETTER

Divi	sion of Corp	porations			
CUDIECT.	Legion of D	ragons LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	Articles of A	Amendment and fec(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Chloe S Sexton			
			Name of Person		
		Legion of Dragons			
			Firm/Company		
		7016 Tamarack Drive			
			Address		
		Tampa, FL 33637			
		legionofdragonslle@gmail.c	City/State and Zip Code com to be used for future annual report notif	(cation)	
For further in	formation co	oncerning this matter, please ca	•	(cattori)	
Chloe Starr S	exton		813 773-4926 at ()		
·	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
≅ \$25.00 Fi	ling 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)	
	ing Address		Street Address:	.•	
Reg	ictration S	ection	Registration Sec	tion	

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

TO:

Registration Section

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



Legion of Dragons LLC		2023 AUG -9 AH 11: 45
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our rec ed Liability Company)	ords.)
·	• •	ALLIA CIZE, ATT
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/06/2023	and assigned
Florida document number L23000114166		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, ent	ter the name of the new registere
Thank of they registered rigent.		
New Registered Office Address:	Enter Florida street ado	J
	Enter r toriaa street add	iress
		Florida
	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 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	
AMBR	BLACKARD, MELISSA	2014 PLANTATION KEY CIRCLE, APARTMENT 1		
		BRANDON, FL 33511	Remove	
		· · · · · · · · · · · · · · · · · · ·	Change	
AMBR	HURT, JUSTIN	528 88TH AVE N. APT 7	□Add	
		ST. PETERSBURG, FL 33702	Remove	
			□ Change	
AMBR	GALLARDO, CHRISTINA	825 CYPRESS STREET, APT 812	□Add	
		TARPON SPRINGS, FL 34689	■Remove	
		- 	□Change	
AMBR	FOWLER, AMANDA	2411 SW 37TH CT	□Add	
		OCALA. FL 34474	Remove	
		·	□Change	
AMBR	COOK, JENNIFER M	5425 47TH AVE N		
		ST PETERSBURG, FL 33809	Remove	
			Change	
AMBR	BROWN, WILLIAM G	7016 TAMARACK DRIVE	≡ Add	
		TAMPA, FL 33637	□Remove	
			□Change	

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

i i	Authorized Member		7 7
<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	REID, JASMINE M	7016 TAMARACK DRIVE	≣ Add
		TAMPA, FL 33637	□ Remove
			☐ Change
<u> </u>			□Add
			□ Remove
			Change
			□Add
			□Remove
		 	Change
		-	🗆 Add
		Remove	
			☐ Change
			□ Add
			□Remove
		_	□Add
			□Remove

_ Change

• .	EIN 92-3003930		
	-		
			
E. Effe	ctive date, if other than t	he date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(
(II an o Note	effective date is listed, the date in this	block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.0207 (3)(filing requirements, this date will not be listed as the
		Department of State's records.	•
		tive date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
ecord is	filed.		
D	d July 25	_2023	
Date	·d	ut ester	
		Signature of a member or authorized representa	ative of a member

Typed or printed name of signee