

L 23 000 114 166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

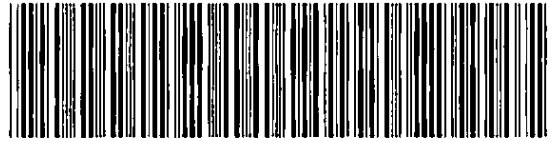
(Business Entity Name)

(Document Number)

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2023 AUG -9 AM 11:45  
FILED  
STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

8/26/2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legion of Dragons LLC

\_\_\_\_\_  
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:

Chloe S Sexton

\_\_\_\_\_  
Name of Person

Legion of Dragons

\_\_\_\_\_  
Firm/Company

7016 Tamarack Drive

\_\_\_\_\_  
Address

Tampa, FL 33637

\_\_\_\_\_  
City/State and Zip Code

legionofdragonsllc@gmail.com

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

For further information concerning this matter, please call:

Chloe Starr Sexton

813 773-4926  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

1. *Phragmites* (common)

2023 AUG -9 AM 11:45

Bill, Joe, etc.

**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:**

**MGR = Manager**

**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                           | <u>Type of Action</u>                      |
|--------------|---------------------|--|--|
| AMBR         | BLACKARD, MELISSA   | 2014 PLANTATION KEY CIRCLE, APARTMENT 10 | <input type="checkbox"/> Add               |
|              |                     | BRANDON, FL 33511                        | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | HURT, JUSTIN        | 528 88TH AVE N, APT 7                    | <input type="checkbox"/> Add               |
|              |                     | ST. PETERSBURG, FL 33702                 | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | GALLARDO, CHRISTINA | 825 CYPRESS STREET, APT 812              | <input type="checkbox"/> Add               |
|              |                     | TARPON SPRINGS, FL 34689                 | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | FOWLER, AMANDA      | 2411 SW 37TH CT                          | <input type="checkbox"/> Add               |
|              |                     | OCALA, FL 34474                          | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | COOK, JENNIFER M    | 5425 47TH AVE N                          | <input type="checkbox"/> Add               |
|              |                     | ST PETERSBURG, FL 33809                  | <input checked="" type="checkbox"/> Remove |
|              |                     |  | <input type="checkbox"/> Change            |
| AMBR         | BROWN, WILLIAM G    | 7016 TAMARACK DRIVE                      | <input checked="" type="checkbox"/> Add    |
|              |                     | TAMPA, FL 33637                          | <input type="checkbox"/> Remove            |
|              |                     |  | <input type="checkbox"/> 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**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

EIN 92-3003930

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 25 2023

Signature of a member or authorized

Chloe S Sexton

Typed or printed name of signee