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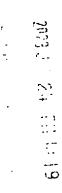
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Leon	Legacy Name of Lim	Gun Manufac	sturing co, Lic
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Chad	Dumke Name of Person	
		Firm/Company	
	4512 White	e Bay Circle We	Sley Chapel, FL 335,45
	Wesley Cha	pel, FL 3354 City/State and Zip Code pena; 1. Sa; nHeo. Coto be used for future annual report notifi	5
	Chad.dumke @ E-mail address: (email. Saintleo. C	eation)
For further information e	oncerning this matter, please ca		
Chad L Name o	OMKE f Person	at (<u>\$/3</u>) <u>300-</u> Area Code Daytime	- S6C3
Enclosed is a check for th	ne following amount:		
Zí \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy G-Un Manuf (Name of the Limited Liability Compan (A Florida Limited L.)	ability Company)	-1-
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 23000 3609602</u>	vere filed on <u>March</u> 20 th	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation; L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.0
Enter new mailing address, if applicable:		• - • • • •
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
Num Danistanad Agantha Signatura if sharping Daine and A	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
AR	Savannah Dunke		□Add
		4512 White Bay Circle	🗹 Remove
		Wesley Chagel, FL 3354E	> □Change
AMBR	Chad Dunke	4512 White Bay Circle	Z)Add
		Wesley Chapel, FL 335	15 Remove
			□Change
			□Remove
			∷ □Change
			.; ⁻ ∑
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if n	ice cosury.y
	-
	
	
	
	. <u></u>
	<u> </u>
Effective date, if other than the date of filing:	ptional) fler filing.) Pursuant to 605.0207 (this date will not be listed as t
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.	(b) The 90th day after the
Dated 50/19 . 2023.	
Signature of a member or authorized representative of a member	
Chad Donke Typed or printed name of signee	-

Filing Fee: \$25.00