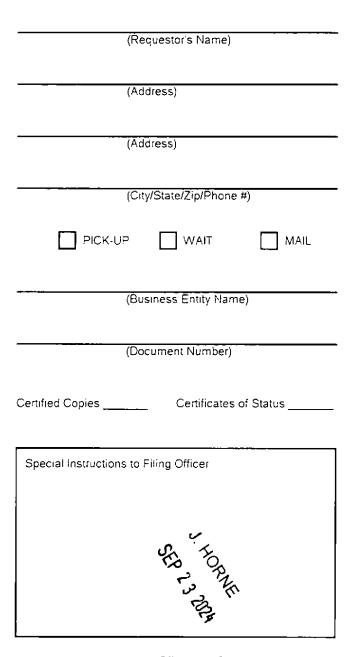
## L23000153733

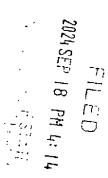


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## Docusign Envelope ID: 972A7BAA-80E4-4B96-A15A-5817261F9BD4 CUVER LETTER

Tallahassec, FL 32314

	egistration Sec Division of Corp		۸,		
AUD ID C		ach Marketing Agency LLC		•	
SOBJEC	1:	Name of Limi	ted Liability Company		
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	um all correspo	ndence concerning this matter	to the following:		
		David Madden			
			Name of Person		
		Road Legend LLC			
			Firm/Company		
		1250 Woodcrest Dr. #1101			
			Address		
		Daytona Beach, FL 32114			
			City/State and Zip Code		
		info@roadlegend.com			
			to be used for future annual report	notification)	
For furthe	er information c	oncerning this matter, please co	ill:		
David Madden			845 659-4778 at ( )	3	
	Name o	f Person	Area Code Day	rtime Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fce	■ \$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 Addres		<u>Street Address</u> Registration		
Registration Section Division of Corporations			Division of Corporations		
	P.O. Box 632	.7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: 972A7BAA-80E4-4B96-A15A-5817261F9BD4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP 18 PH 4: 14

Daytona Beach Marketing Agency LLC

	(A Florida Limited Liability Company	1 272015
The Articles of Organization for this Limited Florida document number L23000153733	Liability Company were filed on _	03/27/2023 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>herc</u> :
Road Legend LLC		
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 appl	icable:	
Principal office address MUST BE A STRE	TET ADDRESS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	E BOX)	
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our	records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or gent and/or the new registered office address  Name of New Registered Agent:	registered office address on our ress here: David Madden	records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ress here:  David Madden  1250 Wooderest Dr #1101	records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or the new registered office address of New Registered Agent:	registered office address on our ress here:  David Madden  1250 Wooderest Dr #1101	

## 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.

> David Madden -2161F83DC75A484

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 972A7BAA-80E4-4B96-A15A-5817261F9BD4
II amending Authorized rerson(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>	Type of Action
AMBR	Sean Brooks	7652 Pymatuning Lake Rd Williamsfield, OH 44093	
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			Change
			□Add
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ective date, if other than the reflective date is listed, the date mus	date of filing:		(optional)	405 070°
te: If the date inserted in this bl	ock does not meet the appli	cable statutory filing requi	rements, this date will no	t be listed as
cument's effective date on the D	epartment of State's records	5.		
and the second s	des bus essere officialism	sing of 12,01 and an angle	and a continue of the contract	d O th
ecord specifies a delayed effectiv is filed.	e date, but not an effective	ume, at 12.01 a.m. on the	earner or. (b) The 90th t	uay arter tite
	2024			,
September 11 ted	<del></del> ,	Signed by:	/ /	/
September 11 ted	· · · · · · · · · · · · · · · · · · ·	David Madden	1(2-16)	( './
September 11	Signature of a member or auti	David Madden 2161F830C75A4B4 norized representative of a m	mber Lair M	ikr

Filing Fee: \$25.00