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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
	RY TRAILS APARTMENTS	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Akeen Brooks			
		Name of Person		
		Firm/Company		
434 SW 16TH STREET				
Address				
	OCALA, FL 34471		·	
		City/State and Zip Code		
	brooksconstructionservice@ E-mail address: (to be used for future annual repo	rt notification)	
For further information of	concerning this matter, please ca		, , . C	
Akeen Brooks		352 342-57		
Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$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		Street Addre		
Registration Section Division of Corporations		Registratio Division o	on Section f Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 06/07/2023	and assigned
Florida document number 1.23000276668	e.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
LEGENDARY PLACE APARTMENTS LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		 -
Enter new mailing address, if applicable:		•••
(Mailing address MAY BE A POST OFFICE BOX)		C.5
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			∴ □Change
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ective date, if other than the date of filing: i effective date is listed, the date must be specific and can te: If the date inserted in this block does not meet cument's effective date on the Department of State	the applicable	te of filing or more s statutory filing re	(option than 90 days after f quirements, this	nal) iling.) Pursuant to date will not be	605.02 listed
cord specifies a delayed effective date, but not an o	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day a	ıfter th
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