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Division of Corporations

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Division of Corporations

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From:

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Account Number : 120180000086

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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To: 18506176383 From: 19166105073 Date: 10/03/23 Time: 7:29 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Experiences LLC	Company as it has appeare an our exceeds	3
(A Florida I	Company as it now appears on our records, imited Liability Company)	·'
The Articles of Organization for this Limited Liability Corlorida document number <u>1.23000381438</u>	mpany were filed on08/14/2023	and assigned
Jorda document number	. .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L L C"
inter new principal offices address, if applicable:		757
Principal office address MUST BE A STREET ADDRE	ESS)	
		* 1
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u>:</u>
Mailing address MAY BE A POST OFFICE BOX)		
		
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 Changing	g Registered	Agent, Signatur-	e of New 1	Registered.	Agent

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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>	Name	Address	Type of Action
AMBR	Ahmed Al Rawi	42 Los Platillos	
		Rancho Santa Margaria, CA 92688	NRemove
			□Change
AMBR	Stripes Investments Inc	42 Los Platillos	(XAdd
		Rancho Santa Margaria, CA 92688	□Remove
			IChange
			□ Add
			□Remove
	· · · · · · · · · · · · · · · · · · ·	 	🗀 Add
			ERemove
			□Change
			🗀 Add
			□Remove
			□Add
		 	□Remove
			Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (I) 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 608 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 2023 _August 18 Dated ignature of a member or authorized representative of a member Ahmed Al Rani

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Typed or printed name of signee