L 23000498535

| (Requestor's Name) | | | | |
|---|------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of State | tus | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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| TO: | Dod |
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| IU. | Reg |

Registration Section Division of Corporations

| SUBJECT: _ | DENNISON LEGACY LLC | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|
| Name of Limited Liability Company | | | | | | | |
| The enclosed | Articles of Amendment and fee(s) are submitted for | | | | | | |
| | | | | | | | |
| | eturn all correspondence concerning this matter to the | | | | | | |
| following: | Scott Dennison | | | | | | |
| | Name of Person | | | | | | |
| | | | | | | | |
| | Firm/Company | | | | | | |
| 8461 Cobblestone Drive | | | | | | | |
| | Address | | | | | | |
| | Fort Pierce, Florida 34945 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | scottdennison23@gmail.com | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | |
| For further inf | ormation concerning this matter, please call: | | | | | | |
| | Scott Dennison 486-5570 | | | | | | |
| | Name of Person Area Code Daytime Telephone Number | | | | | | |
| Enclosed is a | heck for the following amount: | | | | | | |
| □\$ | 5.00 Filing Fee=\$30.00 Filing Fee & = \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy \$60.00 Filing Fee, | | | | | | |

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

(additional copy is enclosed)

Certified Copy

(additional copy isenctosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DENNISON LEGACY LLC | |
|--|----|
| (Name of the Limited Liability Company as it now appears on our records. | _) |
| (A Florida Limited Liability Company) | _ |

| (A Florida Limited Liabi | lity Company) | | |
|--|------------------|------------------------------|-----------------------|
| The Articles of Organization for this Limited Liability Company on Florida document number . L23000498535 | were filed | electronically | and assigned |
| This amendment is submitted to amend the following: | | | |
| A.If amending name, enter the new name of the limited liability of | company here | <u>:</u> | |
| Scott Dennis | on LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the | designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | • |
| _ | | <u> </u> | |
| Enter new mailing address, if applicable: | | | • - |
| | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| _ | | | |
| B.If amending the registered agent and/or registered office addragent and/or the new registered office address here: | ress on our rec | cords, <u>enter the name</u> | of the new registered |
| Name of New Registered | | - | |
| Agent: New Registered Office | | | |
| 6.44 | Enter Florid | da street address | |
| Address: | | , Florida | |
| | City | Zip Coo | ie |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree t | n act in this cr | anneity I further agree | to comply with the |

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 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 Title Name Address Type of Action _____ DAdd ______ GChange _______DAdd _____□Add ____ □Remove

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) (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) 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 Signature of a member or authorized representative of a member Typed or printed name of signee

E'I' . E #05.00

(772) 486-5570 8461 Cobblestone Drive Fort Pierce FL, 34945