# L24000086100

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DATE: 3/25/2024

NAME: LEGEND TOWNHOMES, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

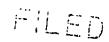
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| TO: Registration Se<br>Division of Cor |  |   |  |   |
|--|--|---|--|---|
| LEGEND T                               | COWNHOMES, LLC                               |   |  |   |
| SUBJECT.                               | Name of Lin                                  | nited Liability Company                               | ,  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.                                   |  |   |
| Please return all correspo             | ndence concerning this matter                | to the following:                                     |  |   |
|  | HULSEY EBANKS                                |   |  |   |
|  |  | Name of Person  | <u>.                                    </u> | ··· <del>·</del>  |
|  | LEGEND TOWNHOMES                             | S. LLC  |  |   |
|  |  | Firm/Company  |  |   |
|  | 3060 COLLEGE AVE SU                          | ЛТЕ 109   |  |   |
|  |  | Address   | ,  | <del></del>   |
|  | RUSKIN, FL 33570                             |   |  |   |
|  | _  | City/State and Zip C                                  | 'ode   | <del></del>   |
|  | E-mail address: (                            | to be used for future an                              | nual report notific                          | cation)   |
| For further information co             | oncerning this matter, please c              | all:  |  |   |
| Kyle A. Delgado Esq.                   |  | 516   | 300-3055                                     |   |
| Name of                                | f Person                                     | at (at Code   | Daytime 1                                    | Telephone Number  |
| Enclosed is a check for th             | ne following amount:                         |   |  |   |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing<br>Certified Cop<br>(additional copy | у  | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed |
| Mailing Address                        | <u>s:</u>                                    | Stree   | et Address:                                  |   |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### DocuSign Envelope ID: A3886CC6-13E2-4390-8842-D6E0DDE20C76 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



LEGEND TOWNHOMES, LLC

2024 HAR 25 AH 11: 46

| ( <u>Name of the Limited Liabilit</u><br>(A Florida   | ty Company as it now app                      | <u>jears on our r</u>      | ecords.)   |
|---|---|----------------------------|--|
|   | •   |                            | ALLAHASSEE, FI DELEA   |
| The Articles of Organization for this Limited Liability C   | Company were filed on                         | 02/20/2024                 | and assigned   |
| Florida document number L24000086100  | <u>_</u> ·                                    |                            |  |
| This amendment is submitted to amend the following:   |   |                            |  |
| A. If amending name, enter the new name of the limi   | ited liability company                        | <u>herc</u> :              |  |
| The new name must be distinguishable and contain the words "Limi  | ited Liability Company," tl                   | he designation             | "LLC" or the abbreviation "L.L.C."                               |
| Enter new principal offices address, if applicable:   |   |                            |  |
| (Principal office address MUST BE A STREET ADDR   | RESS)   |                            |  |
|   |   |                            |  |
|   |   |                            |  |
| Enter new mailing address, if applicable:   | <del></del>                                   | <del></del> ·              |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                            |  |
|   | <del></del>                                   |                            |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:  | d office address on ou                        | r records, <u>e</u>        | nter the name of the new register                                |
| Name of New Registered Agent:   |   |                            |  |
| New Registered Office Address:  |   |                            | · · · · · · · · · · · · · · · · · · ·                            |
|   | Enter l                                       | Florida street a           | address  |
|   |   |                            | Florida<br>Zip Code  |
|   | City  |                            | Zip Code   |
| New Registered Agent's Signature, if changing Registered  | d Agent:                                      |                            |  |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confected accept the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance<br>gent as provided for i | of my dutie<br>n Chapter ( | es, and I am familiar with and 605, F.S. Or, if this document is |
|   | If Changing Registered                        | Agent, Signa               | ture of New Registered Agent                                     |

DocuSign Envelope ID: A3886CC6-13E2-4390-8842-D6E0DDE20C76 (1 amenuing Aumorized rerson(s) aumorized 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 |
|--------------|-----------------|----------------------------|----------------|
| MGR          | CELLISIA EBANKS | 3060 COLLEGE AVE SUITE 109 | □Add           |
|              |                 | RUSKIN, FL 33570           | ≅Remove        |
|              |                 |                            | Change         |
|              |                 |                            | □Add           |
|              |                 |                            | □Remove        |
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|   | <del></del>                             |
| Effective date, if other than the date of filing:   |   |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d is filed. | 90th day after the                      |
| Dated   |   |
| · · · · · · · · · · · · · · · · · · ·   |   |

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