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| (Ře | questor's Name) | |
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| (Cit | y/State/Zip/Phone | #) |
| | WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to F | Filing Officer. | |
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| | Office Use Only | |



08/16/24--01024--003 **30.00

08/16/24

COVER LETTER

TO: Registration Section Division of Corporations

· .

| The enclosed Articles of | Amendment and fee(s) are submitted for filing. |
|--|---|
| Please return all correspo | ndence concerning this matter to the following: |
| | |
| | Anna Wagner Name of Person |
| | Name of Person |
| | |
| | Firm/Company |
| | |
| | 119 22 55 ⁴ ² Ct. E. Address |
| | Address |
| | Parrish, FL 34219 City/State and Zip Code |
| | |
| | E-mail affiress; (to be used for figure annual report notification) |
| | · |
| | oncerning this matter, please call: |
| For further information co | |
| For further information co Ainna Wag Name of | nev at (<u>941.</u>) <u>447.342.8</u> Person Area Code Daytime Telephone Number |

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Lightlity Company as it now appears on our records.</u>) (A Florida Limited Lightlity Company) | |
|---|----------------------------|
| The Articles of Organization for this Limited Liability Company were filed on 72523024 Florida document number $\underline{L24000330835}$. | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| W LEGACY LIVING T LLC. The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or t | he abbreviation "L.L.C," |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | · • • |
| | |
| Enter new mailing address, if applicable: | - • • |
| (Mailing address MAY BE A POST OFFICE BOX) | : : |
| | ··· |
| R. If amending the registered agent and/or registered office address on our records, other the | • |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the agent and/or the new registered office address here</u> : | name of the new registered |

| Name of New Registered Agent: | | |
|--------------------------------|---------------------------|----------|
| New Registered Office Address: | | |
| | Enter Florida street addr | 'CA3 |
| | 1 | -lorida |
| | Ciny | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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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. Thereby 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> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | 🗆 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 | August | 14-14 | |
|-------|--------|---------|--|
| | | An | Wa for authorized representative of a member |
| | | -ingnat | are of a member or authorized representative of a member |
| | | Anna | Wagner Typed or printed name of signee |
| | | | Typed or printed name of signee |