Note: Please prine this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003807423)))



-H240003807423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone

Fax Number : (305)789-4137

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

Email Address: MSariol@paxtondevelopers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY BROWARD MANAGER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

(3)

Legacy Broward Manager, LLC

Docusign Envelope ID: 7AF4E46F-4291-4A06-8AFC-EF7F4C472650 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our reability Company)	cords.)	į
The Articles of Organization for this Limited Liability Company w Florida document number L24000376950	vere filed on 8/29/2024	and as	signed
This amendment is submitted to amend the following:			:
A. If amending name, enter the new name of the limited liabili	ity company here:		
Legacy Park II Manager, LUC			·
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation '	'LLC" or the abbreviation "I	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)		2024 NC	
			177
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>er</u>	oter the name of the ne	w registered
Name of New Registered Agent:		n C	<u>; </u>
New Registered Office Address:	Enter Florida street a	ddress	
·	-	, Florida	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	Ciŋ [,]	Zip Code	; !
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutie ovided for in Chapter 6	s, and I am familiar w. 105, F.S. Or, if this doc	ith and niment is

If Changing Registered Agent, Signature of New Registered Agent

Docusion Envelope ID: 7AF4E48F-4291-4A08-BAFC-EF7F4C4726B0
11 amenuing Authorized rerson(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	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			□Remove
			☐Change
			□Change
	······································		□Add
			Change
	···		: ⊡Add :
			☐Remove
			Change
			□Add
			☐Remove
			□Change
			□Add
			Remove
			Change

		ter change(s) here:			! :
					· :
		. <u></u>			; :
	<u> </u>			<u></u>	
					i
					
•	· -			, > -	<u>.</u>
					<u>.</u> ;
				.	
		<u></u>			
					<u>.</u>
					:
					
					:
					
			<u> </u>	 	· ·
		11/15/2024		/outions	; n !
Tective date, if other an effective date is listed ote: If the date insert ocument's effective date.	, the date must be spec ed in this block doe	ific and cannot be prior to s not meet the applical	o date of filing or more ble statutory filing re	(optiona than 90 days after filir equirements, this da	g.) Pursuant to 605.020
record specifies a dela is filed.	yed effective date, t	out not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
11/15 ated		2024			•
atedSigned b	<u></u> .	,	- ·	•	
	Sariol			<u></u>	
3E3±704	6EB104EF Signatu	re of a member or author	ized representative of	a member	

Filing Fee: \$25.00