## La5000 1955a3

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

Office Use Only



400454407874

07/15/25--01019--002 ++25.00

2005 JUL 15 PH 12: 13

En s

## **COVER LETTER**

TO:

O				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	Division of Corporations  Legacy Housing Solutions. LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  Exerctum all correspondence concerning this matter to the following:  Catelyn Donate  Name of Person  Legacy Housing Solutions, LLC  Firm/Company  P.O. Box 39  Address  Anthony, FL, 32617  City/State and Zip Code  legacyhousingsolutionslle@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  clyn Donate  Name of Person  Area Code  Daytime Telephone Number  Mariling Fee  Certificate of Status  Certificat Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee			
	Catelyn Donate			
		Name of Person		
	Legacy Housing Solutions	, LLC		
		Firm/Company		
	P.O. Box 39	Solutions, LLC  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Ce concerning this matter to the following:  Catelyn Donate  Name of Person  Legacy Housing Solutions, LLC  Firm/Company  Address  Anthony, FL, 32617  City/State and Zip Code gacyhousingsolutionslle@gmail.com  E-mail address: (to be used for future annual report notification)  rning this matter, please call:  Area Code  Daytime Telephone Number  Illowing amount:  Ill \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
		City/State and Zip Code		
	• •	<del>-</del>		
For further information of		•	otification)	
Catelyn Donate		at ( )		
Name o	of Person	Area Code Day	time Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			•	
-		<del>-</del>		
P.O. Box 632	27	The Centre o	f Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Housing Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 24,2025 and assigned Florida document number L25000195523 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2945 NE 3rd Street, #202, Ocala, FL 34470 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 39, Anthony, FL 32617 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
<del></del>			□Add
			Remove
			Change
<u></u>			□Add
			□ Remove
			☐ Change
<u>,</u>			□Add
			□Remove
			□Change
			□Remove
			□Change
<del></del>			
			□Remove
			☐ Change
<del></del>	<del></del>		□Add
			□ Remove

			<del>, ,</del>
			<del></del>
			<u> </u>
<u> </u>			
			<del></del>
<del></del>		- · · · · ·	
			. <u> </u>
ective date, if other than t	ne date of filing:	(op)	tional)
effective date is listed, the date r	iust be specific and cannot be prior	o date of filing or more than 90 days aft	er filing.) Pursuant to 605.0207
	block does not meet the application. Department of State's records.	ible statutory filing requirements, the	his date will not be listed as t
Julion 3 Circuit Cance On the	opartition of otate 9 records.		
		. 1201	01
ecord specifies a delayed effectis filed.	ive date, but not an effective tir	ne, at 12:01 a.m. on the earlier of: (	(b) The 90th day after the
ted July 9	2025		
ted	,	<u> </u>	
AH.	Purat		
Cololyell	Signature of a member or autho	rized representative of a member	
•	<u> </u>	•	
Catelyn Donate			
<del></del>	Typed or printe	d name of signee	

Filing Fee: \$25.00