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(H	Requestor's Name)			
(A	Address)			
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PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
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THE MAN

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LEGACY STOR	y PROJECT INC
DOCUMENT NUMBER: N 190000025	509
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BRIAN HUNTER (Name of Contact Per	
(Name of Contact Per	(son)
20BERT A. PETTERS	sow ill
(Firm/ Company)	
65 Silver Oaks C	ir #11204
(Address)	
NAPLES, FL 34 (City/ State and Zip C	119
(City/ State and Zip C	ó de)
BRIANCE ROBERTO E-mail address: (to be used for future annual repo	PETTERSON, ORC
	n nouncation)
For further information concerning this matter, please call:	
BRIAN HINTER at	239-289-9004
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida D	epartment of State:
\$35 Filing Fee	Certificate of Status

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

LEGACY STO.	O.E. I	PROTECT	INC	,	,	ĕ ¹
(Name of Corporation as curre	ently filed wi	th the Florida Dept. of Sta	nte)		1 - 1"	
N1900000		l l			17.14	
		ragon (if known)				
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:				,	7 All	32
A. If amending name, enter the new name of the corporate	ation:	he Legacy	INPERA	450	INC.	C.
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "n	ncorporated" or the abbrev	uation "Corp." or "I	nc."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> ,	<u>s</u> ,	AME.				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		AME				
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	Tice address	in Florida, enter the name	of the			
Name of New Registered Agent:		SAME				
New Registered Office Address:	7	(Florida street address				
	(Cuv)	·	Florida <u> </u>			
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with	and accept the obligations	of the position,			
	Signature of	New Registered Agent, if c	hanging			

Page 1 of 4

,	,					
`	If amending the Officer address of each Officer (Anach additional sheets	and/or Direc , if necessary)	tor being added:		ich officer/di	rector being removed and title, name, and
	Please note the officerIdi P = President: V= Vice I Executive Officer: CFO: held. President, Treasure	President; T= = Chief Finan	Treasurer: S= Se cial Officer. If ar	cretary: D= Direct à	r: TR= Trust ds more than	ee: C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office
	Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corpo	ration, Sally Smit	h is named the V any	ted as the PS LS, These shi	T and Mike Jones is listed as the V. There is nuld be noted as John Doe, PT as a Change,
	Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith		ſ	
	Type of Action (Check One)	Title	<u>Name</u>		i.	Address
			٨	10 CHAN	1625	
	1) Change					
	Remove					
	2) Change				<u> </u>	
	Add					
	Remove					
	3) Change				 -	
	Add					
	Remove					
	4) Change				<u> </u>	
	Add					
	Remove					
	5) Change	<u></u>			<u> </u>	<u> </u>
	Add					
	Remove					
	6) Change Add					,
	Remove					
	Kemore			Page 2 of 4		

E. If amending or adding additional Arti	cles, enter change(s) here:		
(attach additional sheets, if necessary).			
	N/A		
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The date of each amendment(s) ac	option:	, if other than the
date this document was signed,		
Effective date if applicable:	<u>.</u>	
	(no more than 90 days after ame.	àdment file date) {
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutor partment of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number oil.	of votes cast for the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s ors.	The amendment(s) was/were
Dated 5-	15-19	
Signature	22/1	
	man or vice chairman of the board, pres	
	en selected, by an incorporator – if in th appointed fiduciary by that fiduciary)	d nands of a receiver, trustee, of
	BRIAN HUNTE	R
	(Typed or printed name	of person signing)
	TREASURER	
	(Title of pers	cm signing)