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(Requestor's Name) (Address) (Address)	400350933644
(City/State/Zip/Phone #)	08/31/2001037026 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Legal of Closet INC 120 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) 1CD (Firm/ Company) (Address) City/ State and Zip Code) be used for future amual report notification) mail address: (to For further information concerning this matter, please call: at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment	
to Articles of Incorporation	
of	-
THE LEGACY CLOSET INC.	
Name of Corporation as currently filed with the Florida Dept. of State)	
N2000009104G	•
(Document Number of Corporation (if known)	— — · ·
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporal</i> mendment(s) to its Articles of Incorporation:	tion adopts the low
. If amending name, enter the new name of the corporation:	
	The n
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevia	ntion "Corp." or "Inc
Company" or "Co." may not be used in the name. B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>) Laygate, 4. 3.	Blud # 5
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) . <u>If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:</u>	of the }
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>of the</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) . <u>If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:</u>	of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) . <u>If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:</u>	of the)
(Mailing address <u>MAY BE A POST OFFICE BON</u>) If amending the registered agent and/or registered office address in Florida, enter the name of <u>new registered agent and/or the new registered office address</u> : <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : <u>Ne</u>	o <u>f the</u>) orida <u>3344/</u> <i>Zip Code</i>)
(Mailing address <u>MAY BE A POST OFFICE BON</u>) If amending the registered agent and/or registered office address in Florida, enter the name of <u>new registered agent and/or the new registered office address</u> : <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : <u>Ne</u>) orida <u>3344 /</u> Zip Code)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if changing Registered Agent</u> : <u>Address</u> : <u>Address</u> : <u>New Registered Agent's Signature, if changing Registered Agent</u> : <u>Address</u> : <u>Ad</u>) orida <u>3344</u> (Zip Code) The position,

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change <u>PT</u> John Doe X Remove V Mike Jones X Add SVSally Smith Title Type of Action <u>Name</u> Address (Check One) na Milan 1) ____ Change Add 2) ____ Change Add $\frac{\nu}{2}$ Remove Change Baht Add Remove 4) ____ Change Add $\Sigma^{i_1} \subset$ 51 ____ Change Add ____ Remove 6) ____ Change ____ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ame to be changed (updated

CORPORATORS Not Changen rame hand

Please update with the TA winden 85

date this document was signed.

The date of each amendment(s) adoption: 8/26/2020, if other than the

Effective date if applicable:

8/2 no more than 90 days after amendment file date:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

□ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

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:

8/26/20

Signature

(By the chairman or fice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Margi Bre- Jatts D (Typed or printed name of person signing)

President (Title of person signing)