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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LEGACY E	STATE & LIQUIDA	ATION SALES INC
DOCUMENT NUMBER: P13000051	1763	
The enclosed Articles of Amendment and fee are s		
Please return all correspondence concerning this m	natter to the following:	
NANCY ROSI	ENTHAL	
	Name of Contact Person	n
6658 THORN	Firm/ Company	
0030 1110111	Address	
BOCA RATO		
	City/ State and Zip Cod	e
NANCYR3290@	GMAIL.COM	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
NANCY ROSENTHAL	_ _{at (} 561	, 376-4699
Name of Contact Person	at (561) 376-4699 Area Code & Daytime Telephone N	
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment Articles of Incorporation

LEGACY ESTATE & LIQUIDATION SALES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P 1	30	വ	051	763

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

			The ne
ome must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ' ord "chartered," "professional association," o	"Corp," "Inc," or "Co". A profe	y," or "incorporated" or the essional corporation name mus	abbreviation at contain the
Enter new principal office address, if appli rincipal office address <u>MUST BE A STREET</u>			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)		_
			<u> </u>
If amending the registered agent and/or renew registered agent and/or the new registered		a, enter the name of the	13 BC
		a, enter the name of the	13 OCT 21
new registered agent and/or the new registered		a, enter the name of the	13 OCT 21 AH
new registered agent and/or the new registered	tered office address: (Florida street address)	, Florida	
Name of New Registered Agent	tered office address:		



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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	DONNA TOOTHE	498 NW 22ND AVE
Add			BOCA RATON, FL 33486
Remove			
2) Change			
Add			
Remove			
3) Change	~-		
Add			
Remove			
🗀			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



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•					
If amending or a	idding additional Artic	les, enter change(s)	here:		
(Attach additional	l sheets, if necessary).	(Be specific)	noto .		
					
	<u> </u>				
	<u></u>				
					
					
				<u>.</u>	
If an amendment	t provides for an excha mplementing the amen	inge, reclassification dment if not contain	<u>, or cancellation o</u> ted in the amendm	<u>f issued shares,</u> ent itself:	
(if not appli	cable, indicate N/A)			<u></u>	
				<u> </u>	
					
		-	 		
<u> </u>					_
			_		 -



The date of each amendmen	it(s) adoption: OCTOBER 14, 2013	, if other than the
date this document was signed	i.	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_OC	TOBER 17, 2013	
Signature	By a director president or other officer – if directors or officers have not been	- -
(1 S	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	NANCY ROSENTHAL	
	(Typed or printed name of person signing)	
	CEO/DIRECTOR	
	(Title of person signing)	_