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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Legacy Pro	ductions Group	, Inc.			
	BER: P1400000475					
	of Amendment and fee are su					
Please return all corre	spondence concerning this ma	tter to the following:				
	Yvonne D. Hill					
	Name of Contact Person					
	Legacy Productions Group					
		Firm/ Company				
	5746 Pine Tree Drive					
		Address	· · · · · · · · · · · · · · · · · · ·			
	Sanibel, FL 33957					
		City/ State and Zip Cod	e			
ydl	nill2424@yahoo.c	om				
<u> </u>		sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Yvonne D. H	ill	at (239	, 464-9925			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 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			Address Iment Section			
	ision of Corporations	Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				
		Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Legacy Productions Group, Inc.	
(Name of Corporation as currently filed with the	he Florida Dept. of State)
P14000004756	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>.</u>
N/A	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent N/A	
Name of New Registered Agent	
(Fiorid	la street address)
New Registered Office Address:	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
I hereby accept the appointment as registered agent. I am famil	
Signature of New Register	red Agent, if changing

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.

Example: 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>	<u>Name</u>	<u>Addres</u> s
1) Change	vs	Kathy Monroe	16190 Bayside Point East
Add			#1505
Remove			Ft. Myers, FL 33908
2) Change	PST	Yvonne D. Hill	5746 Pine Tree Drive
Add			Sanibel, FL 33957
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add .			
Remove			

I/A	(Be specific)
/A	
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100 S.S. 100	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature works tell	_
(By a flirector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Yvonne D. Hill	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_