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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LEGENDS PLAN	TATION, INC.	
DOCUMENT NUM	P20000081083		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JESS LOUIS		
		Name of Contact Person	1
	LEGENDS PLANTATION,	INC.	
		Firm/ Company	
	7860 PETERS ROAD, SUIT	E F110	
		Address	
	PLANTATION, FL 33324		
		City/ State and Zip Cod-	e
	jess@legendstavernandgrille	.com	
		sed for future annual report	notification)
For further information	on concerning this matter, plea		815-9996
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Inhassec, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

LEGENDS PLANTATION, INC.			201 - 22 MH 3h
(Name o	f Corporation as curren	tly filed with the F	lorida Dept. of State)
P20000081083			
	(Document Number	of Corporation (if k	nown)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Coi	rporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	"orp," "Inc," or "Co".	A professional con	orporated" or the abbreviation "Corp" rporation name must contain the word
D. Passa and all office address i	if annliaghlar	N/A	
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		·	
• 3	,		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C		N/A	
(Mailing duaress SIAT BE A FOST C	OFFICE BOX		
		-	
D. If amending the registered agent an			iter the name of the
new registered agent and/or the new		<u>ss:</u>	
Name of New Registered Agent	N/A 		
	(Florida :	street address)	
V D 1 - 100 - 110			tilouido
New Registered Office Address:		(City)	, Florida (Zip Code)
			•
New Registered Agent's Signature, if ch	hanging Registered Agei	nt:	
I hereby accept the appointment as registe			e obligations of the position.
	6:	1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signature of New	Registered Agent, if	changing
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	D	NICHOLAS SPAU	446 DEER CREEK RUN
X Add			DEERFIELD BEACH, FL 33442
Remove			***
2) Change	D	GROWLER AND COMPANY, LLC	20897 HAMACA CT
X Add			BOCA RATON, FL 33433
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) 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)
N/A
<u> </u>

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	OCTOBER 8, 2020	
The date of each amendment(s) a	loption:	, if other than th
date this document was signed. N/A		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this capartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendmen fficient for approval.	t(s)
	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
October 22 Dated Signature	. 2020	
(By a d selecte	rector, president or other officer – if directors or officers have not been If by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	JESS LOUIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	