

L21000352359

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Big Legend LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cierra Hopkins
Name of Person

Legacibtw LLC
Firm/Company

769 Glendale Ln
Address

Orange Park FL 32065
City/State and Zip Code

biglegendllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cierra Hopkins at (410) - 713-7045
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Big Legend LLC

Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-05-2021 and assigned Florida document number L21000352359.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LegalCibtw LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

769 Glendale Ln
Orange Park FL 32065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

769 Glendale Ln
Orange Park FL 32065

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cierra Hopkins

New Registered Office Address:

769 Glendale Ln

Enter Florida street address

Orange Park, Florida 32065
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AR</u>	<u>Natika Hopkins</u>	<u>30343 Pine St</u>	<input type="checkbox"/> Add
		<u>Princess Anne MD</u>	<input checked="" type="checkbox"/> Remove
		<u>21853</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>Jermaine Johnson</u>	<u>769 Glendale Ln</u>	<input type="checkbox"/> Add
		<u>Orange Park FL 32065</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Ciera Hopkins</u>	<u>769 Glendale Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park FL 32065</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 8-23-2021 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 23rd, 2021

Jermaine V Johnson
Signature of a member or authorized representative of a member

Jermaine Johnson
Typed or printed name of signee