## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGENDS OP LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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company has been notified in writing of this change.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legends OP LLC			
(Name of the Limited Liability Con (A Florida Limit	ipany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL22000380544	ny were filed on	<u>09/01/2022</u> a	ınd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "LLC" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		<u>-</u> .
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our reco	rds, <u>enter the name of t</u>	<u>he new registere</u>
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida :	arcei address	
-		, Florida	
	City	Zù	n Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered offer	ete performance of my us provided for in Cha <sub>l</sub>	duties, and I am famili pter 605, F.S. Or, if thi.	ar with and solutions of soluti

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	LARA CORACI BASILE	51 DEFOREST AVENUE	□ Add
		SUMMIT, NJ 07901	<b>⊠</b> Remove
		·	
Member 400 RP LLC	400 RP LLC	259 Bill France Boulevard	<b>X</b> Add
	Daytona Beach, FL 32114	□ Remove	
		□Change	
		□Add	
		Remove	
		Change	
		□Remove	
			Change
		□Remove	
		□Add	
			Remove
			□Change

Ifame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
he recon ord is fil	I 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 ed.
Dated	September 30th 2022
	Signature of a member or authorized representative of a member
	Jenisa Irizarry  Typed or printed name of signee

Filing Fee: \$25.00