

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L15000038045

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To: Division of Corporations  
Fax Number : (850)617-6383

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALX REALTY INVESTMENTS, LLC

Certificate of Status	1
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MAR - 3 2021

M. SOLOMON

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Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALX REALTY INVESTMENTS, 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 03/02/2015 and assigned  
Florida document number L15000038045.

This amendment is submitted to amend the following:

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

ALX TELECOM SOLUTIONS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

-NO CHANGES-

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

-NO CHANGES-

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**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:

-NO CHANGES-

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>	<u>Address</u>	<u>Type of Action</u>
	-NO CHANGES-	-NO CHANGES-	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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Effective date, if other than the date of filing: \_\_\_\_\_ (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)

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 FEBRUARY 26th, 2021

  
Signature

Signature of a member or authorized representative of a member

ANTONIO LEUZZI

Typed or printed name of signee

**Filing Fee: \$25.00**

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