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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
	ERTIES FLORIDA, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kenneth Damas, Esq.			
		Name of Person	<del></del>	
	Damas Law, P.A.			
		Firm/Company		
	300 Sevilla Avenue, Suite			
		Address		
	Coral Gables, Florida 331	34		
	ken@damaslaw.com	City/State and Zip Code		
	=-	to be used for future annual report no	otification)	
For further information c	concerning this matter, please c	all:		
Kenneth Damas		305 460-1119 at ()		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he 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	Street Address: Registration S		
Division of C P.O. Box 632	•		Division of Corporations The Centre of Tallahassee	
Tallahassee,			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LX PROPERTIES FLORIDA, L		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Florida document number	09/21/2009 and assigned	
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	· 2	
Principal office address MUST BE A STRE	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addr		records, enter the name of the new regist
Name of New Registered Agent:	Damas Law, PA	
New Registered Office Address:	300 Sevilla Avenue, Suite 210	
	Enter F	lorida street address
	Coral Gables	, Florida <sup>33134</sup>
	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

Title	Name	Address	Type of Action
			□Add
			Remove
		<del></del>	□Change
	<u> </u>		
			□Remove
		<del>-</del>	□Change
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Note:	ve date, if other than the date of filing:
he record ord is file	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.
Desc	October 26, 2024
Dated_	Med ) -
/	V
`	Signature of a member or authorized representative of a member

Filing Fee: \$25.00