

L11000128349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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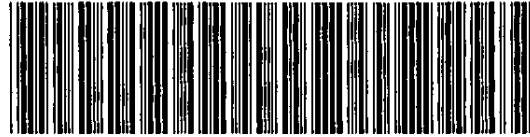
(Business Entity Name)

(Document Number)

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LX ELECTRO ELECTRONICS

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:

CLAUDIYOLY VARGAS

Name of Person

LX ELECTRO ELECTRONICS

Firm/Company

8248 NW 30TH TERRACE

Address

MIAMI, FL 33122

City/State and Zip Code

lxelectroelectronics@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIYOLY VARGAS

Name of Person

at (305)

9348919

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LX ELECTRO ELECTRONICS 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 NOVEMBER 10, 2011 and assigned Florida document number L11000128349.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

8248 NW 30TH TERRACE

MIAMI, FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8248 NW 30TH TERRACE

MIAMI, FL 33122

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:

CLAUDYOLY VARGAS

New Registered Office Address:

8248 NW 30TH TERRACE

Enter Florida street address

MIAMI

Florida

33122

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 608, 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.

Claudyoly Vargas
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SIMON J MARVAL	11233 NW 87TH STREET DORAL, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Alejandra Salvatierra	8248 NW 30TH TERRACE MIAMI, FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 04th, 2012



Signature of a member or authorized representative of a member

CLAUDIYOLY VARGAS

Typed or printed name of signee