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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEX 2012 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:	
ALLAN SHERES Name of Person	
Name of Person	
LEX 2012 LCC	
20423 STATE PD 7, F6-248	
20403 STATE RD 7, F6-248 Address BOCA RATON, FL 33498 City/State and Zip Code ALSHERES OTER 16. COM	
City/State and Zip Code ALSHERES OTER 16. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ALLAN SHERES	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ie of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2018 OCT 15 AM 10: 19

LEX/ 2012	~		TALL ATTASSEE. FL
(Name of the Limit	e <mark>d Liability Compai</mark> (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number <u>L/20000</u> 7	ability Company	were filed on 06/67	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	×	
(Principal office address MUST BE A STREE	T ADDRESS)	*	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address here	2:	
Name of New Registered Agent:	ALLAN 20433 S	STATE RAF	F6-248 dress Florida 33498 Zip Code
New Registered Office Address:	0 >	Enter Florida street ad	dress
	BOCA RI	470N	Florida 33498

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>	Name	Address	Type of Action
	ALLAN SHERES	20123 SR 7, FG-248 BUCA RATON, FL 33198	Add
			Remove
			Change
	CLAIRE SHERES	20423 SR7, F6-248	X Add
		BOCA RATION, FL 33	198 ☐ Remove
			Change
			Add
			□ Remove
		1	Change
			□ Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			Remove
			□ Change

11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $2:01$ 90th day after the record is filed.
Dated	Heye.
	Signature of a member or authorized representative of a member
	ALLAN SHERES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00