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T. HAMPTON

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SUBJE	CT·	Lexington M	lutual Agency, LLC.		
30131			ited Liability Company	_	
		f Amendment and fee(s) are suitened are suitened and fee(s) are suitened and fee(s) are suitened	-		
			Darren Silverman	_ _	
		Lexin	gton Mutual Agency, LLC.		
			02 NE 2nd Street #110		
Address Boca Raton, FL 33432					
		Garre	City/State and Zip Code ensilverman@gmail.com to be used for future annual report notification)	_	
For fur	ther information	concerning this matter, please	·		
		rren Silverman	at (561) 441-7306 Area Code & Daytime Telephone Num	ber	
	ed is a check for .00 Filing Fee	the following amount: \$\int\\$30.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, icate of Status & fied Copy ional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 3ox 6327 nassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	i:	

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORGANIZATION OF CERTIFICATION OF CERTIFICATI

12 JUL 23 PH 3: 05

Lexingt (<u>Name of the Limited Lia</u> (A Flo	on Mutual Agency, LLC bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L1200008191		06/20/2012	and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)	## ##	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>x)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:	Ent	er Florida street add	ress
	. 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 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.

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

· MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u> .	<u>Name</u>	Address	Type of Action
MGRM	Jimmy Grinberg	1800 N Military Trail Ste. 140 Boca Raton, FL 33431	Add Remove
MGR	Matthew Brenner	1800 N Military Trail Ste. 140 Boca Raton, FL 33431	Add ☐ Remove
MGR	Darren Silverman	1800 N Military Trail Ste. 140 Boca Raton, FL 33431	Add Remove
	 		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	_
_			12 JUL 23
Dated	July 18th		PM 3: 05
	Signature	of a member or authorized representative of a member	
		Darren Silverman Typed or printed name of signee	

Page 2 of 2

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