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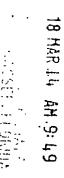
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Cor	porations		
CLID RECT.	DJLEX	IN THE MIX, LLC.	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ALEXANDER PINTACU	DA .	
		Name of Person	
		Firm/Company	
	P.O. BOX 880905		
		Address	
	BOCA RATON, FL 3348	88	
		City/State and Zip Code	
	DJLEXINTHEMIX@YAH		
		to be used for future annual report notif	ication)
For further information o	concerning this matter, please of	ali:	
ALEXANDER PINTAC	CUDA	561 358-5126	
Name o	f Person		: Telephone Number
Enclosed is a check for t	be 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)
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

	EX IN THE MIX, L						
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)				
he Articles of Organization for this Limited L lorida document numberL13000044259		were filed on	03/25/2013	and assigned			
his amendment is submitted to amend the following	lowing:						
L. If amending name, enter the new name of	f the limited liab	ility company h	ere:				
	LEX PRODUCT	IONS, LLC.					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appli	cab le :	170 NW 70TH	STREET				
Principal office address MUST BE A STREI		UNIT 101					
		BOCA RATON, FL 33487					
Enter new mailing address, if applicable:		P.O. BOX 880	9905				
Mailing address MAY BE A POST OFFICE	BOX)	BOCA RATON, FL 33488					
(intelling time as intelligent to the control of th							
B. If amending the registered agent and registered agent and/or the new registered o			n our records, <u>ent</u>	er the name of the			
Name of New Registered Agent:				9:49 9:49			
	170 NW 70TH	STREET, UNIT	101				
New Registered Office Address:	-		rida street address				
	BOCA RATO	N	. Florida	33487			
		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>	Name	<u>Address</u>	Type of Action
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			Change
			□ Remove
			Change
			☐ Remove
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fective date, if other than the date of filing:					Ψ)
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records	icable statute			ng.) Pursus	
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effe	ctive time, a	t 12:01 a.m	on the	е еагіі
MARCH 5 2018					
Signature of a member or aut	borred	Continue of a man	nher	,	
		Seringtrac OI S IIJCII	HJC1		
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Page 3 of 3

Filing Fee: \$25.00