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2020 JUN 29 AM 6: 50

BEXLEY, SUBJECT:	LLC		
30 5 0 5 0 5 0 5 0	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ALEX ESPENKOTTER, I	ESQ.	
		Name of Person	
	HELLER ESPENKOTTE	R, PLLC	
		Firm/Company	
	2701 PONCE DE LEON E	BOULEVARD, SUITE 301	
		Address	
	CORAL GABLES, FLOR	IDA 33134	
		City/State and Zip Code	· · ·
	Alex@hellerlawgroup.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Alex Espenkotter		305 777-3765	
Name o	of Person	Area Code Daytin	ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

BEXLEY, LLC			(
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	. 2
			ق: ٠
The Articles of Organization for this Limited I	Liability Company	were filed on	and a
Florida document number L13000164802			•
This amendment is submitted to amend the fol	llowing:		•
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the	name of the n
agent and/or the new registered office additi	ess nere.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	6335 SW 110th	<u> </u>	
		Enter Florida street address	
	Pinecrest	, Florida	33156
		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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Tvpe
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(If an ef Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.
he recor	ard specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day filed.
	June 17 2020
Dated	June 17 2020
Dated	June 17
Dated	
Dated	Signature of a member or authorized representative of a member