

L14000011888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300267724493

12/29/14--01012--014 \*\*35.00

FILED  
15 FEB -9 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 10 2015

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The LEXINGTON REALTY GROUP 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:

JONAS AUGUSTE

Name of Person

The LEXINGTON REALTY GROUP LLC.

Firm/Company

4017 BAHIA ISLE CIR

Address

WELLINGTON FL 33449

City/State and Zip Code

jauguste@comcast.net

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

For further information concerning this matter, please call:

JONAS AUGUSTE

Name of Person

at ( 617 ) 549-9960

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

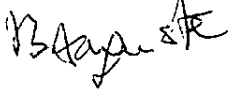
Bernadine Auguste  
4017 Bahia Isle Cir  
Wellington Fl 33449

Dec 24, 2014

To whom it may concern,  
This letter is to acknowledge the change made to the company. I duly  
authorize the change made. If you have any questions please contact  
Jonas Auguste @ 617-549-9960.

Best regards,

Bernadine Auguste

A handwritten signature in black ink, appearing to read "Bernadine Auguste", written over the printed name.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2015

JONAS AUGUSTE  
THE LEXINGTON REALTY GROUP LLC  
4017 BAHIA ISLE CIR  
WELLINGTON, FL 33449

SUBJECT: THE LEXINGTON REALTY GROUP LLC  
Ref. Number: L14000011888

RECEIVED  
15 FEB -9 11:10 AM  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for THE LEXINGTON REALTY GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 015A00000582

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
15 FEB -9 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Lexington Realty Group 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 1-22-2014 and assigned  
Florida document number 214000011888

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4017 BAHIA ISLE CIR  
WELLINGTON FL 33449

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4017 BAHIA ISLE CIR  
WELLINGTON FL 33449

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:

JONAS AUGUSTE

New Registered Office Address:

4017 BAHIA ISLE CIR

Enter Florida street address

WELLINGTON

City

Florida

33449

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>BERNADINE AUGUSTE</u>	<u>4017 BAHIA ISLE CIR</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON FL 33449</u>	<input type="checkbox"/> Remove
<u>CEO</u>	<u>JONAS AUGUSTE</u>	<u>4017 BAHIA ISLE CIR</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON FL 33449</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>JONAS AUGUSTE</u>	<u>4017 BAHIA ISLE CIR</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON FL 33449</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>BERNADINE AUGUSTE</u>	<u>4017 BAHIA ISLE CIR</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON FL 33449</u>	<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.)

EIN : 46-4615299

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 01-31-2015.

  
Signature of a member or authorized representative of a member

JONAS AUGUSTE

Typed or printed name of signee