

L14000045046

(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



000262381700

07/17/14--01013--009 **25.00

14 JUL 17 PM 1:44
RECEIVED
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexington Independent Studies, 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:

Jack L. Stapleton

Name of Person

Lexington Independent Studies, LLC

Firm/Company

2740 E Oakland Park Blvd., Ste 205

Address

Ft Lauderdale, FL 33306

City/State and Zip Code

csr@cvmcdowell.com

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

For further information concerning this matter, please call:

Jack L. Stapleton

Name of Person

at 954 530-7014

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

Lexington Independent Studies, LLC

Page 1 of 3

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> |
|--------------|-----------------------|-----------------------------------|---|
| AMBR | Jack H. Stapleton | 2740 E Oakland Park Blvd. Ste 205 | <input checked="" type="checkbox"/> Add |
| | | Ft Lauderdale, FL 33306 | <input type="checkbox"/> Remove |
| AMBR | VICTORIA V. STAPLETON | 2740 E Oakland Park Blvd. Ste 205 | <input checked="" type="checkbox"/> Add |
| | | FT. Lauderdale, FL. 33306 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

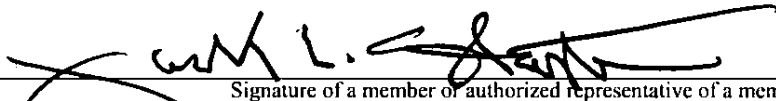
16 JUL 14 11:44 AM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 July 14, 2014



Signature of a member or authorized representative of a member
Jack L. Stapleton

Typed or printed name of signee

16 JUL 17 PM 1:44