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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Pocu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lexington Independent Studies, 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 Cor	mpany were filed on 03/18/2014	and assigned		
Florida document number L14000045056	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
		√ // <u>⊆</u>		
		\$ 1 to 2 to		
Enter new mailing address, if applicable:		المرابع المراب المرابع المرابع المراب		
(Mailing address MAY BE A POST OFFICE BOX)		7 <u>— 144.</u> 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
		<u> </u>		
		14/11		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ls, enter the name of the new		
Name of New Registered Agent:	-			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	` lorida Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nplete performance of my duties, a	and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jack H. Stapleton	2740 E Oakland Park Blvd. Ste 205	= Add
		Ft Lauderdale, FL 33306	□ Remove
AMBR	Victoria V. STAPLETON	2740 E Oakland Park Blud S	
		FT. Lauderdale, Fl. 333	DG□ Remove
		<u>. </u>	Add
			□ Remove
			Add
			□ Remove
			Remove
			□ Add
			□ Remove

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<u> </u>	
Effective date, if other than the date of filing: [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)	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	ed representative of a member

Page 3 of 3

Filing Fee: \$25.00