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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

LEXINGTON ADVISORY GROUP LLC

SUBJECT: _____
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:

WILLIAM T. POOLE, JR.

Name of Person

LEXINGTON ADVISORY GROUP LLC

Firm/Company

154 BELLA VISTA TERRACE, UNIT C

Address

NORTH VENICE, FL 34275

City/State and Zip Code

wpool@lexingtongrouppltd.com

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

For further information concerning this matter, please call:

WILLIAM T. POOLE, JR.

410

458-3640

at ()

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 ADVISORY GROUP L L C

(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 NOVEMBER 7, 2014 and assigned
Florida document number L14000174080.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

154 BELLA VISTA TERRACE, UNIT C

NORTH VENICE, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

154 BELLA VISTA TERRACE, UNIT C

NORTH VENICE, FL 34275

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:

WILLIAM T. POOLE, JR.

New Registered Office Address:

154 BELLA VISTA TERRACE, UNIT C

Enter Florida street address

NORTH VENICE

Florida 34275

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

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TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

MARCH 26, 2015

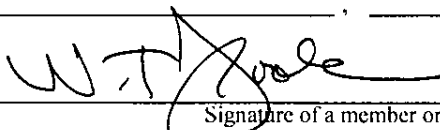
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

FEBRUARY 9

2015

Dated _____



Signature of a member or authorized representative of a member

WILLIAM T. POOLE, JR., MGR

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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