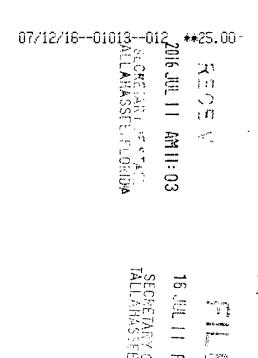
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

Division of Cor	porations						
Paragraph SUBJECT:	Lex LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Miodrag Pjevae						
		Name of Person					
	Paragraph Lex LLC						
	****	Firm/Company					
	7901 4th Street North Suit	te 323					
		Address					
	St Petersburg, FI 33702						
		City/State and Zip Code					
	ivan.fiser.usa@gmail.com						
	E-mail address: (to be used for future annual report notifi	cation)				
For further information c	oncerning this matter, please c	all:					
Gary Chadee		813 684-1367					
Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for the	ne 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:

TO: Registration Section

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

PARAGRAPH LEX, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o Florida document number L15000082712	n 05/11/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain 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)	E C 63
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	20 _
	202
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B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	, Florida
City	Ziv 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IVAN FISER	7901 4TH Street North, Suite 323	Add
		St Petersburg, Fl 33702	Remove
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			☐ Remove
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			🗆 Remove
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