Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : GUZMAN & CUZMAN, F.A.

Addount Number : 120080000090

Phone : (305) 670-1991

Pax Number

: (305)670-1993

Enger the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEXUS 2013 LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEXUS 2013 LLC				
(Name of the Limited Lin (A 11)	ability Company as oride Limited Liabili	it now appears on our rolly Company)	ecords.)	
The Articles of Organization for this Limited Liabilit Florida document number 1.15000121493		filed on 07/16/2015	an	d assigned
This amendment is submitted to amend the following	ä:			
A. If amending name, enter the new name of the	limited liability	company herc:		
The new name must be distinguishable and contain the words "	Limited Linbility Co	empany," the designation	"LLC" or the shbreviaci	on "L.L.C."
Enter new principal offices address, if applicable:				- 1 -
(Principal office address MUST BE A STREET AD	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX))			
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	address here:	address on our rec		
New Registered Office Address:				
		Enter Florido street o	ddrgss	
1 Mer of			, Florida	
		Эty	Zip C	"ode
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the oppointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete perfo d agent as provi tered office addr ge.	ormance of my dutie. ded for in Chapter 6	s, and I am familia. 05, F.S. Or. if this in that the limited	r with and document is ability

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
LUKIN, EZEOUIEL	9536 NW 8TH CIRLCE	D Add
	PLANTATION, FL 33324	Remove
		Change
		□ Add
		□ Remove
		☐ Change
		Add
		☐ Remove
•		☐ Change
	<u> </u>	∧dd
		☐ Remove
		Change
		☐ Remove
		SECRE ARY OF STATE SECRE FLORIDA Change Change Change
		LUKIN, EZEOUIEL 9536 NW 8TH CIRLCE PLANTATION, FL 33324

D. Ifan	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filled.
Dated	OCTOBER 7th 2015
	Signature of a member or authorized representative of a member Dr. 0
	Typied or printed name of signed A

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