LICOCO36/18

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COVER LETTER

Division of Corp	porations			
LEXUS PRO	OS LLC			
	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	STANLEY SOUFFRANT			
		Name of Person	 	
	TURBO STANS TOTAL	CAR CARE LLC		
		Firm/Company		
	815 14TH STREET			
		Address		
	LAKE PARK, FL 33403			
		City/State and Zip Code		
	STAN@TURBOSTANS.CO		IA.	
	E-mail address: (to be used for future annual report notifi	cation)	2016
For further information co	oncerning this matter, please ca	ali:	AHA	胃丁
STANLEY SOUFFRAN	т	561 729-5501 at ()	SSEE.	-
Name of	Person		Telephone Number	m A
			. 087 . 087	
Enclosed is a check for th	e following amount:			2
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py

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

LEXUS PROS LLC			
(Name of the Limi	ted Liability Comps (A Florida Limited)	iny as it now appears on our i Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L1600003618	.iability Company	were filed on $\frac{2-20-2016}{}$	and assigned
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name o	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	815 14TH STREET	
(Principal office address MUST BE A STREI		LAKE PARK, FL 33403	
Enter new mailing address, if applicable:		815 14TH STREET	
(Mailing address MAY BE A POST OFFICE	BOX)	LAKE PARK, FL 33403	2016 TALLA
B. If amending the registered agent and registered agent and/or the new registered o	· ·		ecords, enter the name of the ne
Name of New Registered Agent:			ORIU,
New Registered Office Address:	815 14TH STR		
		Enter Florida street	address
	LAKE PARK		_, Florida <u>38403</u>
		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

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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JERRY LEE	1301 10TH STREET	□ Add
		LAKE PARK, FL 33403	■ Remove
		<u> </u>	Change
			Remove
			□ Change
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Filing Fee: \$25.00