# 116000 231913

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

19 DEC -3 MAR OI LEXWERX, 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: Paul R. Ferreira Name of Person LEXWERX LAW FIRM, LLC Firm/Company 5350 Bridge Unit 3103 Address Tampa, FL 3361 City/State and Zip Code paulf3116@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul R. Ferreira Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration.Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEXWERX, LLC

(A	Florida Limited	Liability Company)	ur records.)  المراكب
The Articles of Organization for this Limited Liabi Florida document number L16000231913	lity Company	were filed on 12/27/20	and assisted and
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
LEXWERX LAW FIRM, LLC			
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		5350 Bridge Unit 31	03
		Tampa, FL	
		33611	
Enter new mailing address, if applicable:		Same as above	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or regis	<u>ere</u> :		s, enter the name of the new registered
Name of New Registered Agent:	Name of New Registered Agent: Paul R. Ferreira		**
New Registered Office Address:	350 Bridge U	nit 3103	
		Enter Florida stre	et address
<u>-</u>	ampa		, Florida <sup>33611</sup>
		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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
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			□Change

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D. If amendir	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective <u>Note:</u> If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated 2	7 NOY 2019
_	Signature of a member or authorized representative of a member
-	Paul R. Ferreireg Typed or printed name of signee

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Filing Fee: \$25.00