

L17000103676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

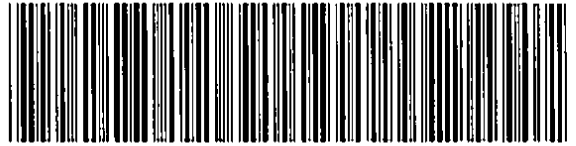
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PREPARED BY

9/11/22

DC

PHILADELPHIA, PA
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2022 SEP -1 PM 5:21

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lex Roe LLC
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:

Milyn Jamieson
Name of Person

Lex Roe LLC
Firm/Company

4737 NW 41st Street Suite 808
Address

Doral, FL 33178
City/State and Zip Code

jonesmilyn@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Adderley at 305 506-5113
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lex Roe LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 SEP - 1 PM 5:22
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9.1.2022 and signed
Florida document number L17000103676

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 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)

4737 NW 41st Street
Suite 803
Doral, FL 33178

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4737 NW 41st Street
Suite 803
Doral, FL 33178

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:

Michelle Addeky

New Registered Office Address:

333 SE 2nd Ave. #12000

Enter Florida street address

Miami &

City

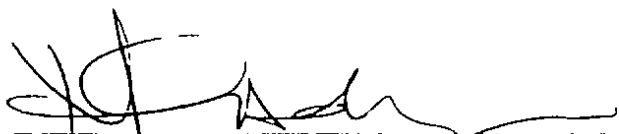
Florida

FL 33131

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Bruno Alex Roberts</u>	<u>9400 S Dadeland Blvd.</u>	<input type="checkbox"/> Add
		<u>Suite 600</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami FL 33156</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Alex Xaver Addaly Roberts</u>	<u>9400 S Dadeland Blvd.</u>	<input type="checkbox"/> Add
		<u>#1 Suite 60</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33156</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Mily Jamieson</u>	<u>4737 NW 41st Street</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 403</u>	<input type="checkbox"/> Remove
		<u>Doral, FL 33178</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9 1 2022

Michelle Adeline

Signature of a member or authorized representative of a member

Michelle Adeline

Typed or printed name of signer