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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

	ion Section of Corporations
	LIX CONSULTANT LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	JOHN FELIX
	Name of Person
	J FELIX CONSULTANT LLC
	Firm/Company
	228 ARLINGTON RD N
	Address
	JACKSONVILLE FL 32211
	City/State and Zip Code
	J.FELIX@INVESTRLA.COM
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
JOHN FELIX	904 333-2201 at ( )
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
<b>□</b> \$25.00 Filing F	ce \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$  \[ \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status}\$  \[ \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}  \[ \Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  \]

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J FELIX CONSULTANT LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 1/29/2018	and assigned
Florida document number L18000025561	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· ¬,
(Principal office address MUST BE A STREET ADDR	(ESS)	<del></del>
		SECRI
Enter new mailing address, if applicable:		FILE HASSE AR 22
(Mailing address MAY BE A POST OFFICE BOX)		ಕ್ಷ್ ಕ್ಷಾರ
		9 LOR
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florida	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>	Name	Address	Type of Action
MNG	JOHN FELIX	228 ARLINGTON RD N	<b>■</b> Add
		JACKSONVILLE FL 32211	Remove
			☐ Change
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The 90th day after i	ine recora is file	a.				
ated	1	2018	4 .			
		N. S.				
	Signature of	a member or auth	orized representati	ve of a member		
		1	•			

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Filing Fee: \$25.00