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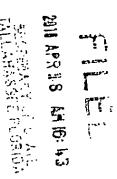
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## **COVER LETTER**

TO:	Registration Section Division of Corpora			
SUBJE	ст:	Luxis E	ed Liability Company	LLC
The en	closed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please	return all corresponder	nce concerning this matter to	the following:	
	-	Rosalia Lexis 439 SE	Address  Address  City/State and Zip Code	alk LLC unit 109 int Lucie Blue ocie 34984
For fur	ther information conce	E-mail address: (to erning this matter, please cal	be used for future annual report notif	nication)
		-	at (770 Dayting	N B-475-5648 Telephone Number
Enclose	ed is a check for the fo	ollowing amount:		
\$2:	5.00 Filing Fee E	330.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lexi's Boadwall	< LC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
R√	vere filed on March 28, 201 and assigned
The Articles of Organization for this Limited Liability Company w	
Florida document number L 18 0000 7	7198
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
Lexis Boardwall	C LLC
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	439 SE Port Saint Luci
(Principal office address MUST BE A STREET ADDRESS)	port Saint Lucie FL
	34984
Enter new mailing address, if applicable:	116 SW Khan Drive
•••	Port Soint Live is
(Mailing address MAY BE A POST OFFICE BOX)	34953
B. If amending the registered agent and/or registered offi	ice 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: Rosa	lia Velasquez
	CIN Klacka Drive
New Registered Office Address:	Enter Florida street address
Port S	Saint Lucie Florida 34953
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 Regist

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 **Type of Action** <u>Title</u> Name | <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Remove \_ Change □ Add 🚨 Legnove ्**ट्रा** \_□ **§c**move ` \_□ Change \_D Add ☐ Remove

\_\_ Change

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