

L18000103090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

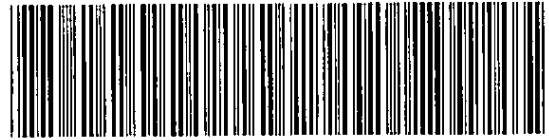
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

admin dissolved per AR
9/27/19

Office Use Only



300402207893

03/23/23--01013--009 **50.00

FILED-RECEIVED
2023 MAR 23 2PM 214.83 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/Name Change

MAR 23 2023

D CUSHING

0023-39773

COVER LETTER

TO: Registration Section
Division of Corporations

Lexion Excursions *UC*

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:

Ivery Luckey

Name of Person

Apple Logix *LAE LLC*

Firm/Company

PO Box 724989

Address

Atlanta, GA 31139

City/State and Zip Code

ivlucky@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivery Luckey

404

931-2293

Name of Person at (_____) _____
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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 23 PM 2:49

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2023

IVERY LUCKEY
APPLE LOGIX LLC
PO BOX 724989
ATLANTA, GA 31139

SUBJECT: LEXION EXCURSIONS LLC
Ref. Number: L18000103090

We have received your document for LEXION EXCURSIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 523A00006732

RECEIVED
2023 MAR 23 PM 1:30
DIRECTOR'S OFFICE
REGISTRATION
TALLAHASSEE, FLORIDA

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>
President	Ivery Luckey	PO Box 724989 Atlanta, GA 31139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Ivery Luckey	PO Box 724989 Atlanta, GA 31139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Lilly Luckey	8875 NW 145th Ave	<input checked="" type="checkbox"/> Add
		Mom'son, FL 32668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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

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.

Friday March 10 2023
Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00