18000103090

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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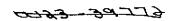
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Omend/ Tome Chang

MAR 2 3 2023 D CUSHING



COVER LETTER

	tion Section of Corporations	e de la companya de l	, .		
_	on Excursions UC	•			
SUBJECT:					
	Name of L	imited Liability Company			
The enclosed Artic	eles of Amendment and fee(s) are st	ubmitted for filing.			
Please return all co	orrespondence concerning this matt	er to the following:			
	Ivery f.uckey				
	Apple Logix	Name of Person	_		
			_		
	PO Box 724989	Firm/Company			
	FO DOX 724969		(A)	202	
		Address	- 元治 二四	3 HA	CZ.
	Atlanta, GA 31139		AARY	2023 HAR 23	- H
		City/State and Zip Code	- % (고유	<u> </u>	1
	ivluckey@aol.com		7,9 	Ϋ́	C
		s; (to be used for future annual report notification)	1. <u> </u>	PH 2: 49	
	ation concerning this matter, please			_	
lvery Luckey		404 931-2293			
	Name of Person	at ()	er		
	k for the following amount:				
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	cate of Statu		
Mailing /		Street Address:			
	ttion Section	Registration Section			
Divisioi P.O. Bo	n of Corporations	Division of Corporations The Centre of Tallahassee			
	ssee, FL 32314	2415 N. Monroe Street, Suite	810		

Tallahassee, FL 32303



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Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law.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

PORTHAR 23 PM 1:30

PHOTOTOR'S OFFICE PLORIDA

Letter Number: 523A00006732

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		. ~
This amendment is submitted to amend the following:		D23 HAI SECRE
A. If amending name, enter the new name of the limited liab	ility company here:	N gum
Apple Logix LLC		3 P
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	te abbreviation L.L.C.
Enter new principal offices address, if applicable:	Apple Logix Lbc.	<u> </u>
and as a document number LISO00103090 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: Logix LLC violate and contain the words "Limited Liability Company," the designation "LLC" or the abbetilation new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) Apple Logix LC PO Box 724989 Atlanta, GA 31139 Atlanta, GA 31139 Atlanta, GA 31139 Amending the registered agent and/or registered office address on our records, enter the name of the not and/or the new registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code TO Box 724989 Atlanta GA 31139	m W	
The state of the s	Orlando, Florida	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	Atlanta, GA 31139	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	1
		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 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>	Address	Type of Action
President	Ivery Luckey	PO Box 724989 Atlanta, GA 31139	■Add
			□Remove
Savatan		DO D. 724000 A.L. (CA. 21120	□Change
Secretary	lvery Luckey	PO Box 724989 Atlanta, GA 31139	= Add
			□Remove
0			[]Change
<u> </u>	Lilly Luckey	8875 NW 145th Ave Momistry FL 321668	LO MAD
	1	Monishy FL 321668	Remove
			□Change
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		er 15, 2022		
ffective date, if other than the dat an effective date is listed, the date must be <u>fote:</u> If the date inserted in this block ocument's effective date on the Depar	specific and cannot be pr does not meet the app	licable statutory filir		ing.) Pursuant to 605,0207
record specifies a delayed effective da l is filed.	ne, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Friday March 10	2023			
Pated	·	·		
Landard last	MANA 1			
	~~~ (X/V///////////////////////////////////		· · · · · · · · · · · · · · · · · · ·	
Sign	nature 81 à member or at	ithorized representative	of a member	

Filing Fee: \$25.00