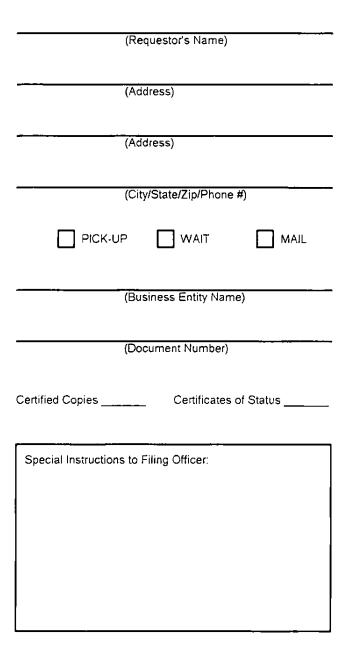
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Office Use Only



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COVER LETTER

то:	Registration Se Division of Cor			
CUDIE	HIT ADVIS	SORY LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The end	elosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		JOHN A WIJTENBURG		
			Name of Person	
		LXK GROUP LLC		
		4	Firm/Company	
		7027 W BROWARD BOU	JLEVARD UNIT #3030	
			Address	
		PLANTATION, FL 33317	•	
			City/State and Zip Code	
		INFO@HITADVISORY.N		
		E-mail address: (to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please c	all:	
JOHN A	A WIJTENBURG	;	954 232-6457 at ()	
	Name of	f Person	Area Code Daytim	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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 Addres Registration S	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	-	Division of Cor The Centre of 1	•
	Tallahassee, h			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIT ADVISORY LLC	inv as it now appears on our recor	de)	-	_
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	200. /		
The Articles of Organization for this Limited Liability Company	were filed on 05/16/2018		and	assigned
Florida document number L18000122862				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
LXK GROUP LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abb	reviation	"L.L.C."
Enter new principal offices address, if applicable:		40	2(
Principal office address MUST BE A STREET ADDRESS)		₹ <u>.</u>	024 1	
		<u></u>	AY	1 [
			20	[
Inter new mailing address, if applicable:	7027 W BROWARD BOULE		PH	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	UNIT #3030	<u> </u>		
	PLANTATION, FL 33317		3	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	UNIT #3030 PLANTATION, FL 33317	- Far	2: 31	Ċ
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	uve		 -
		lorida	Zip Coe	da
	City		гар Сос	w

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	Penistered Ament	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change

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