# L19000080386

(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:

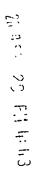
Office Use Only



800347176968

09/29/29--01033--020 \*\*10.00

800347176968 06/18/20--01017--030 \*\*\*50.00



C. GOLDEN NOV - 5 2020

### **COVER LETTER**

\* TO: \* Registration Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

CIDICT.	IPIX FX	L.L.C			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
		Wilex Alexis			
		Name of Person			
		IPIX FX L.L.C			
		Firm/Company			
	764 Sherwood Terr Dr APt 303				
		Address			
		Orlando, FL 32818			
		City/State and Zip Code			
		info@l3xis.com			
	E-mail address: (	to be used for future annual report	notification)		
For further information c	oncerning this matter, please co	all:			
Wilex	Alexis	404 966-482	24		
Name o	f Person	Area Code Da	ytime Telephone Number		
Enclosed is a check for the	ne following amount:				
	☐ \$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		Street Address Registration			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



2020 1 14 711 8: 15

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2020

ALEXIS WILEX 764 SHERWOOD TERR DR APT 303 ORLANDO, FL 32818

06182001017030

Mis rejected and customer Sent in correct forms along With the additional fee

Subject:

RE: 820A00012192

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

This form is for registration/cancellation of a fictitious name only. To make changes on an LLC, you will need to file an amendment. Refer to our website Sunbiz.org/Forms & Fees.

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

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

ANDREA I PARISHANI Reinstatement Section Division of Corporations

Lette: No. 820A00012192

Amendonats

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1PIX	FX L.L.C		二十二年 经基础 经
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03/22/2019	and assigned
Florida document number L19000080386			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
Lexis Film Production L.L.C			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del></del> -	
		<del></del>	<u> </u>
B. If amending the registered agent and/or registered office:	address on our re	ecords, enter the nai	ne of the new registered
agent and/or the new registered office address here:		eriter the ha	ile of the new registeree
			•
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flor	ida street address	
<del></del>	City	, 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>	<u>Name</u>	<u>Address</u>	Type of Action
			D∧dd
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
		<del></del>	□ Change
			□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
_	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
(If an eft <u>Note:</u>	(optional) ective date, if other than the date of filing:
f the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	08/7/2020
	Signature of a member or authorized representative of a member
	Wilex Alexis
	Typed or printed name of signee

THE PLACE OF AN