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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE		LEXITES TRANSPORTATION SERVICE LLC					
SUDJE	CI	Name of Limited Liability Company					
The end	losed Articles of	Amendment and fee(s) are subi	nitted for filing.				
Please 1	eturn all correspo	ndence concerning this matter	to the following:				
		Roberto Machado					
Name of Person		·					
		Simplex Group					
		7500 NW 52ND ST, STE I	Firm/Company				
	Address MIAMI, FL 33166						
		RMACHADO@SIMPLEX		 			
		E-mail address: (o be used for future annual report notif	lication)			
For furt	her information c	oncerning this matter, please ca	dl:				
ROBE	RTO MACHADO)	305 599-8287	·			
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	i.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)			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEXITES TRANSPORTATION SERVICE LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L-19000148090	y were filed on 6/4/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3
Enter new mailing address, if applicable:	PH 3: 2
(Mailing address MAY BE A POST OFFICE BOX)	171:
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	Name	<u>Address</u>	Type of Action
MGR	ALEX NAZARETH FANEITES MOTA	8255 SW 152nd AVE APT 309 MIAMI, FL 33193	■ Add
			□ Remove
	ALEXANDED BANETER	9255 CW 162-J AVE ART 200	Change
MGR	ALEXANDER FANEITES MOTA	8255 SW 152nd AVE APT 309 MIAMI, FL 33193	Add
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			Remove
			Change
			
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

•	
•	
,	
Effec	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
fan et	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
lf an ei <u>Note:</u>	
f an ei Note:	ment's effective date on the Department of State's records.
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If an ef <u>Note:</u> docur	ment's effective date on the Department of State's records.
if an ei <u>Note:</u> docur ne re	ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
If an ed <u>Note:</u> docur he re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
If an ed <u>Note:</u> docur ne re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
If an ef <u>Note:</u> docur	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00