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## **COVER LETTER**

Div	ision of Corp	porations				
SUBJECT:	REX INVIC	TUS ENTERPRISES LLC				
SUBJECT.		Name of Limi	ited Liability Company			
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		CONNOR J STAPLETON				
			Name of Person			
	REX INVICTUS ENTERPRISES LLC					
	Firm/Company					
		18865 State Rd 54 Suite 132				
		Address				
		Lutz, FL 33558				
			City/State and Zip Code			
		admin@rexinvictus.com				
		E-mail address: (I	o be used for future annual report notific	ation)		
For further it	nformation co	oncerning this matter, please ca	all:			
CONNOR J	STAPLETO	N.	813 4060752 at ()		20 MAR	15 E
	Name of	Person	Area Code Daytime	Celephone Number	١	55 35 K. XXV6 3V
Enclosed is a	a check for th	e following amount:			P	걸유다
<b>■</b> \$25.00 F	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 Stat Certified Copy (additional copy is en	3,	CORPORATION.

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REX INVICTUS ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{120000054807}{120000054807}$ .	were filed on <u>02/18/2020</u>	and assigned s
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18865 State Rd 54 Suite 132	
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33558	
Enter new mailing address, if applicable:	18865 State Rd 54 Suite 132	· - · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	Lutz, FL 33558	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	City	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>	<u>Address</u>	Type of Action
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