## 120000162169

(Re	equestor's Name)	
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(Ac	idress)	<u></u>
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## **COVER LETTER**

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SUBJECT:	REAL ESTATE VENTURES LLC				•
Sobuter.	Name of Limited L	iability Company	:		
The enclosed Articl	es of Amendment and fee(s) are submitted	d for filing.		× **	
Please return all con	respondence concerning this matter to the	following:	,		e las
	ALEXIE FONSECA			·	
		Name of Person			
		Firm/Company			
	3130 CULLEN LAKE SHORE	DR			
		Address		<del>.</del>	
	BELLE ISLE, FL 32812				
	Cit	y/State and Zip Co	de		
	ALEXIEFONSECACRE@OUTI				
	E-mail address: (to be t	ased for future annu	ual report notificat	ion)	
For further informa	ion concerning this matter, please call:				
ALEXIE FONSEC	A	321 :	276-4006		
N	ame of Person	Area Code	Daytime Te	lephone Number	
Enclosed is a check	for the following amount:				
<b>≡</b> \$25.00 Filing F	ee	\$55.00 Filing For Certified Copy (additional copy is		Certified (	e of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 JAN 18 PM 2: 14

LEX REAL ESTATE VENTURES LLC

(Name of the Limited Liability Company as it now appears on out/records), Or STATE

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document number L20000162169	Liability Compa	ny were filed on $\frac{0}{2}$	6/12/2020	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name	of the limited li	ability company l	here:	
ALEXIE FONSECA LLC				
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	SAME		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered offic	e address on our	records, enter the	name of the new registere
Name of New Registered Agent:	SAME			
New Registered Office Address:				
New Registerer Office Address.		Enter Flo	orida street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registers	ed avent and as	ree to act in this	canacity I further	garee to comply with the

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
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			□ Remove
		<del></del>	□Change
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ffective date, if other than an effective date is listed, the date solve. If the date inserted in thi ocument's effective date on the	must be specific and cannot be pr s block does not meet the app	licable statutory filing	(optional te than 90 days after filin requirements, this dat	g.) Pursuant to 605.020
record specifies a delayed effe I is filed.	ctive date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b) T	he 90th day after the
IAN 13	2022			
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Dated	. ~			
ated 20012	Hay Person 1	-		
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