120000329164

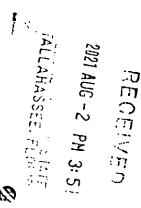
(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Di	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

Corporation Name & Document Number, (if k	(OFFICE USE ONLY)
1. LEXI CLEANING SERVICES, LLC L.: (Business Name)	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of ARTICLES OF ORGAN	IZATION
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()Other	

DocuSign Envelope ID: 3CA6D385-7BC9-4CD9-83FD-E14A8D3B632B COVER LETTER TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
CUBICAT.	LEXI CLEAI	NING SERVICES, LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		ALEXIS MARKS				
		Name of Person				
	LEXI CI	LEANING SERVICES, LLC				
		Firm/Company				
	15757	5757 PINES BLVD, STE 232				
	Address					
	РЕМВЯ	OKE PINES, FL 33027				
		City/State and Zip Code				
		xi@lexicleaning.com	The second			
		to be used for future annual report n	ouncation)			
	oncerning this matter, please c					
ALEXIS MARKS		954 593-56 at ()				
Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 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 S				
Division of C P.O. Box 632		Division of C The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 3CA6D385-7BC9-4CD9-83FD-E14A8D38632B

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEXI CLEA	ANING SERVICES, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 10/23/2020	and assigned
lorida document number L20000329164	<u> </u>	
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
nter new mailing address, if applicable:		·.
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address here:		700
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	Cav	гір Соав

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.

DocuSign Envelope ID: 3CA6D385-7BC9-4CD9-83FD-E14A8D3B632B
II amending Authorized rerson(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
MGR	PIERRE SMITH	15757 PINES BLVD, STE 232	
		PEMBROKE PINES, FL 33027	■Remove
			(]Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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f an effe <u>Note:</u>	ective date is listed If the date inser	er than the da d, the date must be rted in this block date on the Depa	specific and does not n	l cannot be p neet the app	olicable stat	filing or more utory filing r	than 90 days a	ptional) after filing.) Pu this date will	rsuant to 605.020 I not be listed a
e record	l specifies a del ed.	layed effective d	ate, but not	an effectiv	e time, at 1	2:01 a.m. on	the earlier of	(b) The 90	oth day after th
	JULY 21			2021	·				
Dated _									
Dated _				Ã	cuSigned by:	Ma	1.		

T'' T 635.04