

L21 0000 11934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 SEP 12 PM 3:54

TALLAHASSEE, FLORIDA

September 2, 2022

PAL BERGAN
1725 LEXINGTON AVE
DELAND, FL 32724

SUBJECT: 1725 LEXINGTON LLC
Ref. Number: L21000011934

We have received your document for 1725 LEXINGTON LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 122A00019701

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

AR-004A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1725 LEXINGTON LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

PAL BERGAN
Name of Person
1725 LEXINGTON LLC
Firm/Company
1725 LEXINGTON AVENUE
Address
DELAND, FL, 32724
City/State and Zip Code
PALBERGAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2022 SEP 12 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

PAL BERGAN
386 7178045
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

FILED
2022 SEP 12 AM 9:07
STATE OF FLORIDA
TALLAHASSEE, FL

1725 LEXINGTON 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 were filed on 04/01/2021 and assigned Florida document number L21000011934.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SERUSHIA NAIDOO

New Registered Office Address:

1725 LEXINGTON AVENUE

Enter Florida street address

DELAND

City

Florida 32724

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>	<u>Type of Action</u>
AMBR	NEWARC AS	ELVERHOIVEIEN 16	<input checked="" type="checkbox"/> Add
		TONSBERG	<input type="checkbox"/> Remove
		NORWAY	<input type="checkbox"/> Change
AMBR	PÅL BERGAN	920 CASCADES PARK TRAIL	<input type="checkbox"/> Add
		DELAND, FL	<input type="checkbox"/> Remove
		32724	<input type="checkbox"/> Change
CEO	PÅL BERGAN	920 CASCADES PARK TRAIL	<input checked="" type="checkbox"/> Add
		DELAND, FL	<input type="checkbox"/> Remove
		32724	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 OFFICE OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

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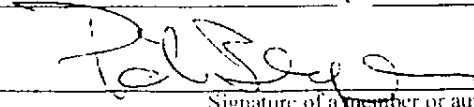
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (5)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 25TH AUGUST 2022


Signature of a member or authorized representative of a member

PÁL BERGAN
Typed or printed name of signee