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21 Grove Strategy

T. MATTHEWS
DEC 17 2021

COVER LETTER

то:		istration Sec ision of Corp			
CHD ITA		LEXPAN L		•	
SUBJEC	CI:			ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
			ndence concerning this matter	C	
			ALEXANDER P PANAG	OULIAS	
				Name of Person	
			LEXPAN LLC		
				Firm/Company	
			50 VERBENA ST		
				Address	
			CLEARWATER FL 3376	7	
				City/State and Zip Code	
			LEXPAGES4@GMAIL.CO		
			E-mail address: (to be used for future annual report not	ification)
For furth	ner in	formation co	oncerning this matter, please co	all:	
ALEXA	NDE	ER P PANAC	GOULIAS	773 934-9106	
Name of Person			Person		ne Telephone Number
Enclosed	d is a	check for the	e following amount:		
\$25.	.00 F	iling 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)
		ling Address		Street Address:	
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		ision of Co . Box 6327	orporations 7	Division of Cor The Centre of T	
		ahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 DEC -6 PH 3: 04

LEXPAN 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		and assigned
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 "LLC" or the abbreviation "LEnter 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 agent and/or the new registered office address here: Name of New Registered Agent:		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida Zip 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 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

			21 DEC -6	bH 2.0
<u>Title</u>	<u>Name</u>	Address	210.0	Type of Action
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record specifies a delayed	d effective date, but r	not an effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
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