121000356389

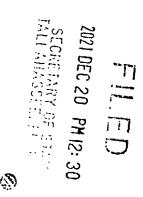
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JAN - 6 2022

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COVER LETTER

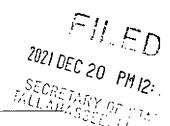
TO: Registration Sec Division of Corp			
SUBJECT: Lex	Services, LLC	,	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Alex	Cybiu5 Name of Person	
		Firm/Company	
	4404	LAHE LULUPHE CIP	<u> </u>
	West PALM lex Serviles 1 E-mail address: (1	Beath Fl. 334 City/State and Zip Code L 6 Out look Come to be used for future annual report notifice	cation)
For further information c	oncerning this matter, please co	all:	
Alex Name o	Uhius Person		Z14 Z7 Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Straat Address:	

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



(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 <u>08 -</u> 1	09-2021 and assigned
Florida document number <u>L ZI 000 35 63 89</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability"		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designat	ion "LLC" 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 a	address on our record	s, enter the name of the new registered
agent and/or the new registered office address here:	iddress on our record	s, circle tile investor
Name of New Registered Agent:		
New Registered Office Address:		
THE REGISTERS OTHER PRINCESS.	Enter Florida str	eet address
		Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	a to all the masses	in I first box agree 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 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>	Address	Type of Action
Mah	Alex Cyfius	4404 JAHR LUCENNE CIA	Add
	,	West PALM BEACH FL. 3340) <mark>Q</mark> □Remove
			□Change
MGR Jostia CyRius	Jostia CyRius	4404 JAKE JULEPINE CIP	
		West PALM Beach Fl.39	<u>}40</u> 9 □ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Change
·			□Add
			□Remove
			□Change

_	the Change Is on the NAME Please REMOVE the
_	COMMA OFFER the (SERVICES), SO the NAME
_	CAN be MATCH With the EIN NUMber DATA.
	-BAGE.
	AND Please ADD the EIN NUMBER (87-2307209)
	ON the lex GERVILES LLG. THANK YOU.
	ON THE TEN DETITION LOS . INFINITY YOU.
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	re date, if other than the date of filing:(optional) ctive 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 605.020
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	and the control of th
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
d is file	d.
	12-15-2021
Dated	
Dated _	
Dated _	Signature of a number or authorized representative of a prember
Dated _	Signature of a member or authorized representative of a member

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