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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lex Services, 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:

Alex Gyrius
Name of Person

Firm/Company

4404 LAKE LUCERNE CIR
Address

West PALM BEACH FL. 33409
City/State and Zip Code

lexservicesllc@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Gyrius at (561) 410-2427
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

FILED
2021 DEC 20 PM 12:11
SECRETARY OF STATE
FALLASSEE, MISSISSIPPI

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

lex services llc

_____. Florida _____
City Zip Code

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>
MGR	Alex GRIUS	4404 LAKE LUERNE CIR	<input checked="" type="checkbox"/> Add
		West PALM BEACH FL. 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Josia GRIUS	4404 LAKE LUERNE CIR	<input checked="" type="checkbox"/> Add
		West PALM BEACH FL. 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE CHANGE IS ON THE NAME, PLEASE REMOVE THE
COMMA AFTER THE (SERVICES), SO THE NAME
CAN BE MATCH WITH THE EIN NUMBER DATA-
BASE.

AND PLEASE ADD THE EIN NUMBER (87-2307209)
ON THE IEX SERVICES LLC. THANK YOU.

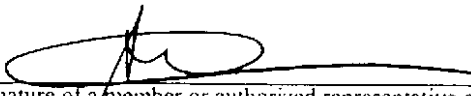
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(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 12-15-2021



Signature of a member or authorized representative of a member

Alex Cybirus

Typed or printed name of signee