

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000054783

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LXD TEXAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG - 1 AM 9:49

APPROVED
AND
FILED

2022 AUG - 1 PM 1:50

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MIS 01 2022

K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LXD TEXAS 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:

DIEGO F BOTERO RESTREPO
Name of Person
LXD TEXAS LLC
Firm/Company
8991 CROQUET CT
Address
DAVENPORT, FL 33896
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO F BOTERO RESTREPO
Name of Person
321 3100334
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	DANIEL A ARIAS	8991 CROQUET CT	<input type="checkbox"/> Add
		DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL E AGUILAR ARIAS	8991 CROQUET CT	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEONARDO A ARIAS	8991 CROQUET CT	<input type="checkbox"/> Add
		DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leonardo E Aguilar Arias	5301 MIDDLETON DR	<input checked="" type="checkbox"/> Add
		PARKER, TX 75002	<input type="checkbox"/> Remove
			<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

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

[illegible]

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

06/01/22

Signature of a member or authorized representative of a member

Diego F Botoro

Typed or printed name of signee