## L22000/80783

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
P	Filling Officer:	:
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2022 AUG 10 PM 3: 5

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_\_

PLEASE use funds from ACCT: 12021000016 Authorization Signature:	0 AMOUNT: <u>\$ 25.00</u>
13152 Lexington Summit. LLC L220001	80783
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles of Incorporat	ion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL ( ) OtherOther	

. FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_

PLEASE use funds from ACCT: 12021000016	_
Authorization Signature: 13152 Lexington Summit LLC L220001	180783 Janes Full
13132 Lexiligion Summit Life Life Life	180783 (
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Mail out	will wait
Photocopy	
C. Afficial Council of Anti-lan of Imparation	
Certified Copy (s) of Articles of Incorporat	ion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent Dissolution/Withdrawal
Domestication Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
·	
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ( ) Other	
Country	

## **COVER LETTER**

TO:

Registration Section

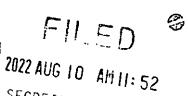
Tallahassee, FL 32314

Div	ision of Cor	porations		
	13152 Lexii	ngton summit LLC .		
SUBJECT:		Name of Limi	ted Liability Company	
			CALL STATE OF THE	
The enclosed	Articles of	Amendment and fee(s) are sub-	nitied for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jarrod Etheridge		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
		The Orlando Law Group		
			Firm/Company	
		12301 Lake Underhill Rd.	Ste. 213	
			Address	
		Orlando, FL		
			City/State and Zip Code	
		jenglert@theorlandolawgrou		,
		E-mail address: (0	o be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	ill:	
Courtnay Ho	olt		407 512-4394 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Englaced is	a check for th	ne following amount:		
			El 666 00 Elling Pos R	□ \$60.00 Filing Fee,
<b>■ \$25.00</b> F	-Hing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Address:</u> Registration So	ection
	gistration S	Section Corporations	Division of Co	
	D. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



13152 Lexington Summit 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 v	were filed on 04/14/2022	and assigned
Florida document number L22000180783		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "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 agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	SS
	, FI	lorida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Laurence D. Toews	4416 Flagg Street	
		Orlando, FL 32812	□Remove
		• • • • • • • • • • • • • • • • • • • •	□ Change
			□Add
			Remove
			Change
			□ Add
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ective date, if other than the confective date is listed, the date must confect the date inserted in this blooment's effective date on the Department's	ck does not meet the a	ipplicable statutor	g or more than 90 days y filing requirements	optional) after filing ) Pursuant to 6 i, this date will not be l	505.02 isted
iment's effective date on the De	Minimum of State 3 fee	. 0. 03.			
ord specifies a delayed effective filed.	date, but not an effect	ive time, at 12:01	a.m. on the cartier o	if: (b) The 90th day a	fter <u>t</u>
, August 9	2022				
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	172		$\Longrightarrow$		
;	ignature of a thember of	adhorized tenesci	itative of a member		

Filing Fee: \$25.00