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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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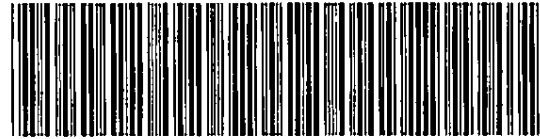
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
DIVISION OF CONCORDATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEXAY HOMES 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:

LEOBEL CABRERA LEON

\_\_\_\_\_  
Name of Person

LEXAY HOMES LCC

\_\_\_\_\_  
Firm/Company

3106 13TH ST SW

\_\_\_\_\_  
Address

LEHIGH ACRES, FL 33976

\_\_\_\_\_  
City/State and Zip Code

lexay.homes@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEOBEL CABRERA LEON

239

223-4724

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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RECEIVED  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LEXAY HOMES 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 were filed on 06/28/2022 and assigned  
Florida document number L22000291123

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 "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)

22 SEP - 1 PM 4:37  
OFFICE OF CLERK OF CIRCUIT COURT  
JANICE L. HARRIS

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

3106 13TH ST SW

*Enter Florida street address*

LEHIGH ACRES

*City*

Florida 33976

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	J & L VISION HOMES INC	14910 FELLOWS LANE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF CHILD PROTECTION  
STATE OF FLORIDA

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

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THE UNIVERSITY OF CHICAGO

**E. Effective date, if other than the date of filing:** 06/28/2022 (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 AUGUST 26, 2022

Signature of a member or authorized representative of a member

LEOBEL CABRERA LEON MGR

Typed or printed name of signee

**Filing Fee: \$25.00**

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000048976

**Entity Name:** J & L VISION HOMES, INC

**Current Principal Place of Business:**

14910 FELS LANE  
ORLANDO, FL 32827

**Current Mailing Address:**

14910 FELS LANE  
ORLANDO, FL 32827 US

**FEI Number:** 82-1801135

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMPBELL, JENNIFER  
14910 FELS LANE  
ORLANDO, FL 32827 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	CAMPBELL, JENNIFER	Name	MUNOZ, LUIS FRANCISCO
Address	14910 FELS LANE	Address	14910 FELS LANE
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER ASTRID CAMPBELL

**PRESIDENT**

**03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date