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(Requestor's Name)				
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: MKYLLL	С				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Yaroslav Leksunov				
		Name of Person			
	MKYLLLC				
		Firm/Company			
	777 NE 62St C512				
		Address		2	
	Miami/FL 33138				
		City/State and Zip Code		:	
	yleksunov@gmail.com				
		to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
Yaroslav Leksunov		at (754) 232	9440	1237	
Name o	of Person		e 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)	Certified C	of Status &	
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Se Division of Cor			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee FL 32314		2415 N. Monroe Street, Suite 910		1	

2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MKYLLLC

(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 _____ andrassigned Florida document number 1.23000047171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEX INSPECTION LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 777 NE 62St C512 Miami, FL 33138 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 777 NE 62St C512 Miami, FL 33138 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
Perts			□Add
			2002emove
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			□Add
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			🗆 Remove
			□Change
			□Add
			Remove
			□Change

Signature of a member or authorized representative of a member

Typed or printed name of signee

Yaroslav