

FILED  
24 MAR -4 AM 9:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vended It 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:

Amanda Hammond  
Name of Person

Vended It LLC  
Firm/Company

13364 Beach Blvd #926  
Address

Jacksonville FL 32224  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Hammond at (804) 305-9281  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Vended IT LLC

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

FILED  
24 MAR -4 AM 9:13  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/23/2023 and assigned  
Florida document number L23000097378

This amendment is submitted to amend the following: Amending name; RA; EIN number update

A. If amending name, enter the new name of the limited liability company here:

Lex Enterprised IT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Lex

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12220 Atlantic Blvd  
suite 130 PMB 1259  
Jacksonville FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12220 Atlantic Blvd  
suite 130, PMB 1259  
Jacksonville FL 32225

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:

Amanda Hammond

New Registered Office Address:

12220 Atlantic Blvd suite 130 PMB 1259

Enter Florida street address

Jacksonville

City

Florida

32225

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>
<u>MGR</u>	<u>Alexus Hammond Stephens</u>	<u>13364 Beach Blvd # 926</u> <u>Jacksonville FL 32224</u>	<input checked="" type="checkbox"/> Add

\_\_\_\_\_  
☐ Remove

<u>MGR</u>	<u>Amanda Hammond</u>	<u>13364 Beach Blvd # 926</u> <u>Jacksonville FL 32224</u>	<input checked="" type="checkbox"/> Add
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☐ Remove

<u>MGR</u>	<u>Amyria Hammond-Stephens</u>	<u>13364 Beach Blvd # 926</u> <u>Jacksonville FL 32224</u>	<input type="checkbox"/> Change <input type="checkbox"/> Add
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☒ Remove

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☐ Add

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<u>AMBR</u>	<u>Amyria Hammond Stephens</u>	<u>13364 Beach Blvd # 926</u> <u>Jacksonville FL 32224</u>	<input type="checkbox"/> Change <input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

name change to Lex Enterprised LLC

RA and managers updated.

EIN number updated to 92-218-6408

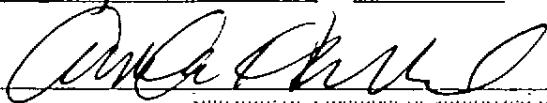
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 February 27th 2024



Signature of a member or authorized representative of a member

Amanda Hammond

Printed or printed name of signatory