Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000825713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134

Phone : (239)418-0169

Fax Number : (239)418-0048

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

One annual report mailings. Enter only one email address please.**

문항의 BMS LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LX2 PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

COVER LETTER

(((H24000082571 3)))

TO: Registration Se Division of Cor				
LX2 PROP	PERTIES, LLC	>	k	
SUBJECT: 3		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Luca Di Nunzio			
		Name of Person		
	Dorcey Law Firm			
		Firm/Company		
10181 Six Mile Cypress Pkwy, Suite C				
		Address		
	Fort Myers, FL 33966			
	support@dlfregisteredagen	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	fication)	
For further information e	oncerning this matter, please c	all:		
Luca Di Nunzio		239 308-1073		
Name o	f Person	at () Area Code Daytur	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)	☐ \$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

LX2 PROPERTIES, LLC			
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited L Florida document number $\frac{L23000128821}{L}$		on <u>03/13/2023</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability comp:	any here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company	." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	 		. <u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on	our records, <u>enter the</u> na	ime of the new registered
Name of New Registered Agent:	DLF REGISTERED AGE	NT SERVICE, LLC	
New Registered Office Address:	10181 SIX MILE CYPRES		
	FORT MYER	nter Florida street uddress , Florida	- 1021 33 <u>9</u> 66: 221
	Сие		三沙 美 1
New Registered Agent's Signature, if changing		e te e e la contoni	A Comment With the
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete performa sistered agent as provided f rregistered office address.	nce of my duties, and Fai Or in Chapter 605, F.S. C	n Jamuuar wun ana Dry ifzhis document is
	Is	/ Michael A. Scott	
	If Changing Regist	tered Agent, Signature of New	Registered Agent

MGR = Manager

To. Sunhiz elife account (LLC) Fax: (850) 517-6383

Page: 6 of 7

03101/2024 11:35 AM . . 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

AMBR = Authorized Member Title Name Address Type of Action ____ 🗆 🗆 🗆 🗆 🗆 Add _____ □Remove ____

Change _____ □ Change _____ □Remove ______ Change _____ DChange _____ DAdd _____ □ Remove _____ Change _____ 🗆 🗀 Add _____ □ Remove

_____ Change

(((H24000082571 3)))

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
Note: If the	ate, if other than the date of filing:
e record spe rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
03/0 Dated	1/2024
	/s/ Joel Hinman
-	Signature of a member or authorized representative of a member
J	oel Hinman
-	Typed or printed name of signee