## La3000309079

	(Requestor's Name)				
	(Address)				
	(Addi 633)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
	(Business Entity Name)				
	(Document Number)				
Cartifica Copies	Continues of	Status			
Certified Copies Certificates of Status					
		1			
Special Instructions to	Filing Officer:				
		1			
Ĺ					

Office Use Only



600413606646

S. CHATHAM AUG - 9 2023 3-8 PH 1:29

08/08/23--01001--022 \*\*55.00

NINE TO THE SERVE TO THE SERVE

DEVIBORE

## COVER LETTER

TO: Registration 8 Division of Co		·	
2430 LXI	I, LLC		
BODIECT:	Name of Lin	nited Linbility Company	
771. 1 1			
	f Amendment and fee(s) are sub	3	
Please return all corresp	ondence concerning this matte:	to the following:	
	DAVID HUNTER		
		Name of Person	<del></del>
	GULFPORT CENTRAL		
		Firm/Company	<del></del>
	5511 GULFPORT BLVD		
	·····	Address	<del></del>
	GULFPORT FL 33707		
	lulux5511@gulfporttitle.co	City/State and Zip Code	
		in to be used for future annual report notif	lication)
For further information	concerning this matter, please c	all:	,
DAVID HUNTER		727 244-0989	
Name of Person		Area Code Dayting	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee     \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Cupy (add:tional cupy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	oorations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2430 LXH, LLC		
(Name of the Limited Liabil	ity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
(A DOIL	a Ellinot Elability Company	
The Articles of Organization for this Limited Liability (	Company were filed on 06/27/2023	and assigned
Florida document number 1.23000309079		
Piorida document fidinoet		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
2930 LXH, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
		υ. Σ
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	70-
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		iame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	Zip Code
	Cuth	ziji Coae

## 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>	Name	Address	Type of Action
			[]Add
			Петюче
			Change
			□Aád
			□Remove
			Change
			<del></del>
			LiRemove -
			□Change
			C1Add
			DAdd
			[]Renюve
			[] Change
			ÜAdd
			В Петюче
			ElChange

TYPO ON T	THE ADDRESS C	HANGE TO	2930 VERS						
			-					<del></del>	-
								<del></del>	-
-	· <del>-</del>				-				-
									_
									<b>-</b>
									.207
<del></del>			·					(123AU)	<u>-</u> -
		<u>-</u>		<del>.</del>				Ţ	_
							, -	7	<u> </u>
								· 2	
<del></del>							· · · · · · · · · · · · · · · · · · ·	<del></del>	ř
							<del></del>	~ <del></del>	-
		<del></del>							_
		·	_	<del></del> :			<del></del>		_
Tective date, if	other than the disted, the date must !	late of filing	g: Leannot be or	ior to date of (	iling or more t	op han 90 days afl	tional) er filing) Puss	ant to 60	)S 112
ote: If the date i	inserted in this blockive date on the Dep	ek does not i	neet the app	licable statu	tory filing re	quirements, t	his date will n	ot be lis	sted
	. ro villo oli illo izoj	A CONTRACTOR OF CONTRACTOR	Auto a recor	<b>u</b> s.					
record specifies a is filed.	a delayed effective	date, but not	t an effectiv	e time, at 12	01 a.m. on t	te carlier of:	(b) The 90th	day afte	ier th
Augus <sub>1</sub> 7,			2023						
ated				·					

Filing Fee: \$25.00

Typed or printed name of signee