P18000008620

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LXCouncil Inc			
DOCUMENT NUN	1BER: P18000008620			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Christina Corner			
	Name of Contact Person			
	LXCouncil Inc			
	Firm/ Company			
	145 2nd Ave S. Apt 622			
	Address			
	Saint Petersburg, FL 33701			
		City/ State and Zip Cod	e	
Inva	s@poole-accounting.com			
		sed for future annual report	notification	
	E-mail address. (to be us	sea for future annual report	normeation)	
For further informati	on concerning this matter, pleas	se call:		
Mary Pochron		410	858-4307	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, Fl. 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

LXC Council Inc		
(Name of Corporation a	s currently filed with the Florida De	ept. of State)
P18000008620		
(Document	Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	ntutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration;	
LXCouncil Inc		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abb	Inc," or "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	SS)	72.5
		三
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	•	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offi		ame of the
Name of New Registered Agent N/A		
Name of New Registerea Agent		
	(Florida street address)	
	, , , , , , , , , , , , , , , , , , , ,	P1 1
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		one of the position
т петену ассері іне арронитені as regisierea agent. Тап	н затина мин ана ассері іне овн да н	онь ој ине ромион.
Signatur	e of New Registered Agent, if changing	Υ ·

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	N/A		N/A	N/A
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
(Chenne				
6) Change		_	·	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
<u></u>
· · · · · · · · · · · · · · · · · · ·
<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment		, if other than the
date this document was signed	- 12/13/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
12/13. Dated	/2018	
Signature(E	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	rt
	Christina Corner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	