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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LXF COMPANY,	INC	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GLAUCIA BASTOS		
		Name of Contact Persor	1
	TRUST CIRCLE SERVICE	ES. LLC	
		Firm/ Company	
	1001 EAST SAPLE ROAD	• •	
		Address	
	POMPANO BEACH FLOR	RIDA 33064	
		City/ State and Zip Cod	v.
ATE	NDIMENTO@THETRUSTO	CIRCLE.INFO	
	E-mail address: (to be u	sed for future annual report	notification)
	on concerning this matter, plea		2450402
GLAUCA BASTOS		954 at (2459123
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Am Div P.O	iling Address endment Section ision of Corporations). Box 6327 lahassee, FL 32314	Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle
		Tallah	issee, FL 32301

Articles of Amendment to Articles of Incorporation of

LXF COMPANY, INC

(Name of Corporation as	currently filed with the Florida Dept. of State)
P18000066006	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ition:
	The new
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre	rporation," "company," or "incorporated" or the abbreviation $(x,y) = (x,y) + (y) = (y) + (y) = (y) + (y) = (y) = (y) + (y) = (y) =$
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street addressi
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registere Thereby accept the appointment as registered agent. Tam f	
Signature	of New Registered Agent, if changing

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIANA M ROMANO	1260 SE 4TH AVENUE
X Add			200F
Remove			DEERFIELD BCH FL 33441
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	
<u> </u>	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate $N(A)$)	endment if not contained in the amendment itself:
	

	08/24/2018	
The date of each amendment(s) at date this document was signed.	loption:	, if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this h document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	tvoting groups	
	tvoting groups	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
■ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	24/2018	
Signature	(mes)	
(By a c selection	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	LEANDRO X FRAGA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	