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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSR SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TXTEXPERT LLC**

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H100002096053

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

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FIRST: The name of the limited liability company is:
TXTEXPERT LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE ORIGINAL ARTICLES LIST TWO (2) MANAGING MEMBERS WHEN THERE SHOULD BE

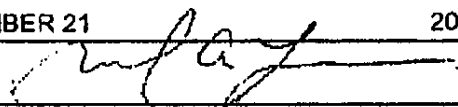
THREE (3). THE THIRD MANAGING MEMBER IS:

IRMA LARENAS, 7416 ANSLEY LANE, LAKE WORTH, FLORIDA 33467

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: SEPTEMBER 21 2010


Signature of a member or authorized representative of a member

MANUEL LARENAS

Typed or printed name of signee

7-10000205636-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

TXTEXPERT LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

53 SPARROW LANE
PEARL RIVER, NEW YORK 10965

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

MANUEL LARENAS
3747 SAFFLOWER TERRACE
OVIEDO, FLORIDA 32766

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, F.S.

X 
MANUEL LARENAS / Registered Agent's signature

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PAGE 2 TXTEXPERT LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

MANUEL LARENAS

53 SPARROW LANE

PEARL RIVER, NEW YORK 10965

MANAGING MEMBER

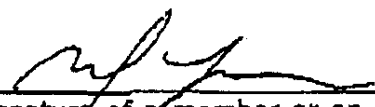
CHRIS MIANO

53 SPARROW LANE

PEARL RIVER, NEW YORK 10965

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.....
x 
Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

MANUEL LARENAS

7/10000205636-3.