## L10000103156

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT:        |  | STEMS, LLC                                |   |   |  |
|-----------------|--|---|---|---|--|
| SUBJECT         |  | Name of Limit                             | led Liability Company   |   |  |
| The enclosed    | Articles of Ar   | mendment and fee(s) are subr              | nitted for filing.  |   |  |
| Please return   | all correspond   | lence concerning this matter t            | o the following:  |   |  |
|                 |  | ALBE                                      | ERTO O QUEVEDO  | _   |  |
|                 |  |   | Name of Person  |   |  |
|                 |  | т   | JXON SYSTEMS, LLC   |   |  |
|                 |  |   | Firm/Company  |   |  |
|                 |  | 204                                       | 8 NW 135TH AVE  |   |  |
| Address         |  |   |   |   |  |
|                 | MIAMI, FL 33182  |   |   |   |  |
|                 |  |   | City/State and Zip Code   |   |  |
|                 |  | E-mail address: (1                        | o be used for future annual report                                  | inotification)  |  |
| For further in  | nformation cor   | ncerning this matter, please ca           | all:  |   |  |
| ALBERTO         | O QUEVEDO  | ı   | 786 518-849   | 93  |  |
|                 | Name of I  | Person                                    | Area Code Da  | nytime Telephone Number   |  |
| Enclosed is     | a check for the  | following amount:                         |   |   |  |
| □ \$25.00 I     | Filing Fee   | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Re<br>Di<br>P.0 | riling Address<br>gistration So<br>vision of Co<br>O. Box 6327<br>Ilahassee, F | ection<br>prorations                      | The Centre  |   |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUXON SYSTEMS, LLC

company has been notified in writing of this change.

2022 Juli 28 #1110: 37

| (Name of the Limit   | (A Florida Limited I                 | Liability Company)   | :···   |  |
|--|--------------------------------------|--|--|--|
| The Articles of Organization for this Limited L Florida document number L10000103156   | iability Company                     | were filed on 10/04/2010   | and assigned   |  |
| This amendment is submitted to amend the following   | owing:                               |  |  |  |
| A. If amending name, enter the new name o  | f the limited liab                   | ility company here:  |  |  |
| N/A  |                                      |  |  |  |
| The new name must be distinguishable and contain the v   | vords "Limited Liabi                 | lity Company," the designation   | "LLC" or the abbreviation "L.L.C."                               |  |
| Enter new principal offices address, if applic   | able:                                | 2048 NW 135TH AVE  |  |  |
| Enter new principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here: |                                      | MIAMI, FL 33182  |  |  |
|  |                                      | 2048 NW 135TH AVE  MIAMI, FL 33182  address on our records, enter the name of the new register |  |  |
| Name of New Registered Agent:  | ALBERTO O.                           | QUEVEDO  |  |  |
| New Registered Office Address:   | 2048 NW 135                          | ΓΗ AVE   |  |  |
| New Registered Office Address.   | Enter Florida street address         |  |  |  |
|  | MIAMI                                |  | _, Florida   |  |
|  | <u> </u>                             | City   | Zip Code   |  |
| New Registered Agent's Signature, if changing  | Registered Agent                     | i  |  |  |
| I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regularing filed to merely reflect a change in the   | per and complete<br>istered agent as | e performance of my dutic<br>provided for in Chapter (   | es, and I am familiar with and 605, F.S. Or, if this document is |  |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| (If ar<br>No | ective date, if other than the date of filing:    optional  |
| the record i | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed. |
|              | ted JUNE 23   |