610000103156

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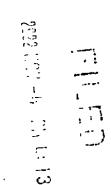
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A. RIVERS
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Registration Section **Division of Corporations**

TUXON CT:	SYSTEMS, LLC		
	Name of Lin	mited Liability Company	
closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
eturn all corresp	ondence concerning this matte	r to the following:	
	ALE	BERTO O QUEVEDO	
		Name of Person	
	ר	TUXON SYSTEMS, LLC	
		Firm/Company	 -
	20	48 NW 135TH AVE	
		Address	
		MIAMI, FL 33182	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
ner information o	oncerning this matter, please c	all:	
TO O QUEVED	ю	786 518-8493	
Name o	f Person	at () Area Code Daytime	Telephone Number
d is a check for th	ne following amount:		
00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

TUXON SYSTEMS, LLC			
(<u>Name of the Limited</u> (A	<u> Liability Compa</u> Florida Limited I	ny as it now appears on our records liability Company)	<u>s.</u>)
icles of Organization for this Limited Lial document number L10000103156 endment is submitted to amend the follownending name, enter the new name of the submitted to a sub	ving:		and assigned
name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
ew principal offices address, if applical		2048 NW 135TH AVE	
pal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33182	
new mailing address, if applicable: g address MAY BE A POST OFFICE Be nending the registered agent and/or reg nd/or the new registered office address Name of New Registered Agent:	gistered office a		the name of the new registered
New Registered Office Address:	2048 NW 135T	H AVE	
	Enter Florida street address		
	MIAMI	, Flo	orida 33172
gistered Agent's Signature, if changing Re	gistered Agent:	Cuy	22p Code22
y accept the appointment as registered ons of all statutes relative to the proper the obligations of my position as regist led to merely reflect a change in the resty has been notified in writing of this cl	and complete ered agent as p gistered office	performance of my duties, an provided for in Chapter 605, I address, I hereby confirm the	nd I am familiar with and F.S. Or, if this documentis

ved	fr	om	our	records	:

Manager

= Authorized Member

Name	Address	Type of Action
		□ Remove
		□Change
		Петюче
		Remove
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N/A	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	
	
	
ve date if other t	han the date of filing: (optional)
ective date is listed, the If the date inserted i	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(n this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
l 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
TUNE 23	11 0 1 2022
- 1st	Signature of a member or authorized representative of a member
	MGR
	Typed or printed name of signee

Filing Fee: \$25.00