

4000103156

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230003007183ABCY

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305)255-3310
Fax Number : (305)255-3320

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

Email Address: _____

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

TUXON SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

SEP 01 2003

T. LEMUEX

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SEP 29 AM 4:35
DIVISION OF CORPORATIONS
FLORIDA

SEP 29 11:03

Estimated Charge	\$25.00
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Electronic Filing
Menu

Corporate Filing Menu

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H230003007183

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TUXON SYSTEMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/04/2010 and assigned Florida document number L10000103156.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2048 NW 135TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33182

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2048 NW 135TH AVENUE

MIAMI FL 33182

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

QUEVEDO, ALBERTO O

New Registered Office Address:

11251 NW 20 ST UNIT 114

Enter Florida street address

DORAL

City

Florida 33172

Zip Code

New Registered Agent's Signature, If changing Registered Agent:

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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	QUEVEDO, JUDITH	11251 NW 20 ST UNIT 114	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORREA MUZZ, ALBAMARINA	3500 MYSTIC POINTE DR APT 3202	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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