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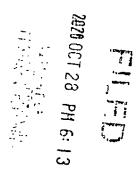
(Re	questor's Name)	
- (Ad	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

TO: Registration Sc Division of Cor					
TXV SUPI	PLYTLC				
SUBJECT: Name of Limited Liability Company					
m landa e		Section 2015			
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	CARLOS LUIS VERA L	v CRUZ			
		Name of Person	.		
	TXV SUPPLY LLC				
		Firm Company			
	1900 N BAYSHORE DRI				
		Address			
	MIAMI, FL 33132				
		City/State and Zip Code			
	t' man l'and la contra	to be used for future annual report not	(F)		
For further information c	oncerning this matter, please c	·	ntaton		
CARLOS LUIS VERA	LA CRUZ	786 647-0512			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	2 \$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 Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	The Centre of Tallahassee		
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TXV SUPPLY 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 12/05/2014 Florida document number $\frac{1.14000186549}{1.14000186549}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 1900 N BAYSHORE DRIVE APT 3914 Enter new principal offices address, if applicable: MIAMI, FL 33132 (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 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: New Registered Office Address: Enter Florida street address Florida

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 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
AMBR	ANGELICA LUCIA SANCHEZ	3561 NW 84TH AVE, APT 101	≡ Add
		Doral 31 33 166	TRemove
	•		CChange
			Remove
		TChange	
		TRemove	
		☐ Change	
		\ \ \ \ \ \	
		Remove	
		Change	
		□Remove	
			TChange
		ZRemove	
			Change

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	tive date, if other than the date of filing: 10/23/2020 (optional) (decrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after liting.) Pursuant to 605,0207 (all the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the rece	ord specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b). The 90th day after the filed.
Dated	1 10/23/2020
	Signature of a member or authorized representative of a member
	Caplan Van

Filing Fee: \$25.00