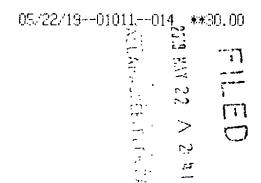
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JUN - 8 2019

## COVER LETTER

TO:		Registration Section Division of Corporations						
SHR IF		Tejas Performance Solutions, LLC						
NOBJEC	· · · _		Name of Limi	ted Liab	ility Company			
The encl	losed .	Articles of .	Amendment and fee(s) are subr	nitted f	or filing.			
Please re	eturn a	ill correspo	ndence concerning this matter t	o the fo	llowing:			2218
			Tim Massey					2918 HAT 22
			Tejas Performance Solution		ame of Person			
				F	rm/Company			27 #
			1729 NE 8th Street					27
			Fort Lauderdale, FL 33304		Address	. •		_
			tim.massey@tejasperforman	City/S cesolut	Sate and Zip C	ode		_
			E-mail address: (t	o be use	for future an	nual report notiti	ication)	
For furth	ier int	ormation co	oncerning this matter, please ca	dl:				
Tim Ma	ssey				713	724-4112		
		Name of	f Person		Area Code	Daytime	Telephone Number	er
Enclosed	d is a	check for th	ne following amount:					
□ \$25.	.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	(	55.00 Filing I Sertified Cop additional copy	y	Certifie	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314				Regi Divi Clift 2661	EET/COURIE stration Section sion of Corpora on Building Executive Cer ahassee, FL 323	itions iter Círcle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tejas Performance Solutions, LLC

(Name of the Limited L (A F	iability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number L16000184447	ity Company were filed on 10/04/2016	and assigned
This amendment is submitted to amend the following	ाहा: 	
A. If amending name, enter the new name of the	limited liability company here:	≫. <del>⊘3</del>
Tejas Performance Solutions, LLC (note:	removed the space after the word "Sol	lutions")
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation EL.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A		
		52 <b>=</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	x)	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		cords, <u>enter the name of the nev</u>
New Registered Office Address:		
New negistered Office Address.	Enter Florida street o	uddress
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	nd complete performance of my dutie ed agent as provided for in Chapter ( stered office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, <u>Signa</u>	nture of New Registered Agent
	Page 1 of 3	

If amending or removed	g Authorized Person(s) authorized to a from our records:	manage, <u>enter the title, name, ar</u>	nd address of each person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
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. If amending any other info	ormation, enter change	e(s) here:	(Attach ade	litional sheets	s, if necessa	ny.)	
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. Effective date, if other tha (If an effective date is listed, the date	n the date of filing:	at ha delon t	a data of titing	ar man than 90	(optiona	ll) vii V Dussiani i	to 605 0207 t2\r
<ul> <li>Note: If the date inserted in t</li> </ul>	his block does not meet t	he applica	ble statutory t	iling requirem	ents, this da	te will not b	e listed as the
document's effective date on	the Department of State's	s records.					
the record specifies a de ) The 90th day after the	layed effective date, e record is filed.	but not	an effectiv	ve time, at 1	12:01 a.m	$\cdot$ on the $\epsilon$	earlier of:
20 May Dated	20	19					
	1 Durk	Su	- 1				
<del>,- <u>-</u> ,-</del>	Signature of a memb	er or autho	ved represent	tive of a member	er		_
Tim Massoy			1				
Tim Massey 	Т'	ut ar printe	I name of signe				_
	ı ype	or printe	i name of signe				

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Filing Fee: \$25.00