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(Red	questor's Name)	
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TX Services LLC	
SUBJECT: 1 X Se (M (S LL L Name of Limited Li	ability Company
·	
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Angelo	Name of Person
	Firm/Company
1250 NW	7 St Suite 202
miami	FL 33125
City	//State and Zip Code
F-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \square\$	\$55.00 Filing Fee & S60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	~ SER
(Name of the Limited Liability Com	pany as it now appears on our records.)
(A Florida Limit	d Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on 08 04 201 Tand assigned
Florida document number <u>L 17 000 1 6 6 5 0 9</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1250 NW 7 St
(Principal office address MUST BE A STREET ADDRESS)	Suite 202
	Miami FL 33175
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Maning and ESS MAT BE AT OST OFFICE BOA)	- 17
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the nere</u> :
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
i de la companya de	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is
над Над	e 1 of 3

	from our records:	nage, enter the tide, name, and address of each	person being au
MGR = Mark	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Pamela Arvelo	9125 SW 77 AV	Add
		Apt A303	∑ Remove
		miami FL 33156	Change
MGR	Angelo Torres Lieuano	24121 SW 107 AV	Add
		Homeskad FL 33032	□ Remove
			Change
MGR	Glanileicy nuner ledoson	a 24121 SW 107 AV	> Add
		Homestead FL 33032	Remove
			Change
			□ Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
		1	

. If amending	g any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
· . ———		-
		₩
		JAN

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	ate, if other than the date of filing:	(optional)
Note: If the	date inserted in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 blicable statutory filing requirements, this date will not be listed as
document's o	effective date on the Department of State's recor	rds. I
the record s) The 90th	specifies a delayed effective date, but in day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of
	•	
Dated		
		
_	tanyla Ari	Jelo uthorized representative of a member
		Individual representative of a memori
	Yamela Ari	re lo.
	Typed or pr	rinted name of signee
	Pa	nge 3 of 3

Filing Fee: \$25.00