LZ0000269049

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VOYTEX Pro	sperties LC
Name of L	Limited Liability Compány
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Qust	Name of Person
- Vorte	ex Properties, UC Firm/Company
10050 A	Hartic Blvd, Apt #602
<u> Dacks</u>	ONVINC, PL 30005 City/State and Zip Code
VOTEXINUE E-mail address	Stopeanaul. Com s: (to be used for fundre annual report notification)
For further information concerning this matter, please	e call:
Quston Gelzer Name of Person	at (904) 993-6543 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
D.O. D (227	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nortex Properties UC

(<u>Name of the Limited I</u> (A	Liability Company Florida Limited Lia	y as it now appears on o ability Company)	ur records.)
The Articles of Organization for this Limited Liabi Florida document number $\frac{200020}{}$ This amendment is submitted to amend the following	29049	vere filed on <u>8</u> 2	3/2020 rand assigned
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty company here:	2日
The new name must be distinguishable and contain the words	ls "Limited Liability	Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	•	12050 AHK APX #603 20CKSONI	entic Brid Dile, Pl. 32005
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)</u> \	12250 AH APT *603 Jackston	antic Blyd Ne, PC 3225
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office addere:	dress on our record	s, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	13350 A	Hantic By Enter Florida stre	d Apt#602
_	<u> Jackson</u>	oville	Florida <u>30 00.5</u> Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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
<u>IMBR</u>	Arjun Monroe	12021 Mr. Ormick Rd	XAdd
		Apt *1602	□Remove
		Apt *1602 Incksonville, FL 32225	□Change
			□Add
			□Remove
			□Change
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f an effecti <u>Note:</u> - If :	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be It's effective date on the Department of State's records.	605.0207 (listed as t
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record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated \sum	anuary 8 2001	
	Signature of a member or authorized representative of a member	
	Numerican of a constitution of the second of	

Filing Fee: \$25.00