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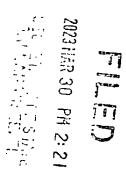
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	Status
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Y. SCOTT MAY 17 2023

COVER LETTER

	istration Se ision of Cor					
endiezt.	TXP43 LL	c				
SUBJECT:		Name of Lim	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Scott Etheridge				
			Name of Person			
				,-	20	
		· · · · · ·	Firm/Company		23 H	cir.
		2450 N Ocean Blvd		<u> </u>	2023 KAR 30	
			Address	<u></u>	0 P	<u> </u>
		Pompano Beach, FL 3306	2	E S	PH 2: 22	
		scottetheridge@outlook.co	City/State and Zip Code		: 22	
			to be used for future annual report no	tification)		
For further in	nformation c	oncerning this matter, please c	all:			
Scott Etheric	ige		203 460 2631			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$ 25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y	
	iling Addres		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co	orporations			
). Box 632 lahassee, I		The Centre of	Tallahassee oe Street, Suite 810		
1 41	INTIMODULE I	15 545 LT	27 13 14 IVIUIII:	or succe suite of the		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TXP43 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000047895	were filed on 01/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TXP43 Capital Advisory, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		. 26
		23
		3 3 11
Enter new mailing address, if applicable:		30
Mailing address MAY BE A POST OFFICE BOX)		器气 平河
		NO NO
		7-11- 22
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	· -
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	•
	, Flor	
	City	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>	Address	Type of Action
			□Add
			Remove
			□Add
			2022 Remove
			Change
			PHOAdd 2
			□Add
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ective date, if other than the date of filing:			_	(o	ptional)	
neffective date is listed, the date must be specific and cannet. If the date inserted in this block does not meet t	ot be prior to	date of filing	g or more the	m 90 days a	fler filing this date	g.) Pursua e will no	nt to 605.0
cument's effective date on the Department of State's	records.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, mmg red	m cmena,	ins dat		i oc nace
cord specifies a delayed effective date, but not an ef- is filed.	Tective tim	ie, at 12:01	a.m. on the	earlier of	(b) T	he 90th	day after t
March 27 20	23	•					
(()		-					
Signature of a memb	er or authori	ized renrese	ntativo of a n	wmber			

Filing Fee: \$25.00