## L21000275272

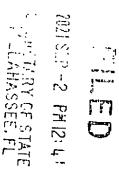
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August 25, 2021

TXXRX, LLC 12987 MILFORD PLACE FORT MYERS, FL 33913

SUBJECT: TXXRX, LLC Ref. Number: L21000275272

We have received your document for TXXRX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 821A00020496

www.sunbiz.org

## **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT: TXX	X. LLC			
SOBSECT.	Name of Lin	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Tom	Name of Person	<del>-</del>	·
		X RX LL Firm/Company	C	
	12987 A	Address	Plane	
	Fort Myers			·•
-	TON	to be used for future annual	tot Axil. C.	
For further information conc	erning this matter, please c	all:		
Tom	Wolle 12	ar(414)	698.8	360
Name of Pe	rson	Area Code	Daytime Telephone	Number
Enclosed is a check for the f	ollowing amount:			
序\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Colosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address:		Street Ac	ldress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TXXRX,LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2\000375272</u>		6 14 202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :
THURX. IJ C		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:		
(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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our re	cords, enter the name of the new register
New Registered Office Address:	Enter Flori	da street address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	, Florida Zip Code
	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this co performance of i	apacity. I further agree to comply with the ny duties, and I am familiar with and

Thereby 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>	Name	<u>Address</u>	Type of Action
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		<del></del>	□Remove
			Change
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			Change

. Hame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: I	re date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	9/2/21 September 2, 2021.
	Signature of a member or authorized representative of a member
	Ton Wolfer  Typed or printed name of signee

Filing Fee: \$25.00