121000523769

(Requestor's Name)
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COVER LETTER

SUBJECT:	Multi-Servic	es Consulting By TXT.LLC			
oobuler		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	all correspon	dence concerning this matter	to the following:		
		Thai Xuan Truong			
			Name of Person		
		Multi-Services Consulting	By TXT.LLC		
			Firm/Company		
		871 Wyoming Ave			
			Address		
		Fort Lauderdale, Florida 3.	3312		
			City/State and Zip Code		
		Tambinhtxt@gmail.com			
		E-mail address: (o be used for future annual repo	ort notification)	
For further inf	ormation cor	ncerning this matter, please ca	all:		
Thai Xuan Tr	uong		808 219-79		
	Name of I	Person	at () Area Code [Daytime Telephone Number	
Enclosed is a c	check for the	following amount:			
□ \$25.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Certificate o Certified Co (additional copy	f Status & Py
Maili	ina Addrocc		Stroot Addr	and the same of th	

Mailing Address:

TO:

Registration Section Division of Corporations

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

Street Address: 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

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Multi-Services Consulting By TXT.LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Florida document number 121000523769		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability 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 ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		e name of the new registered
agent and/or the new registered office address here		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida Zip Code
	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 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
MGR	Thai Xuan Truong	871 Wyoming Ave. Fort Lauderdale. Fl 33312	🗃 Add
			□Remove
		-	□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
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ffective date, if other the an effective date is listed, the lote: If the date inserted in	date must be specific in this block does no	and cannot be prior to do ot meet the applicable			ng.) Pursuant to 605.020
ocument's effective date of	on the Department of	of State's records.			
record specifies a delayed is filed.	effective date, but	not an effective time.	, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
		2021			
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ated 12/21	Signature	ya membeyor authorizi	d representative of a	member	17/-1/2

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Filing Fee: \$25.00