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LXD TEXAS LLC

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MIG 01 2022

COVER LETTER

(additional copy is enclosed) Certified Copy	TO:	Registration Sed		1	· ·
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DIEGO F BOTERO RESTREPO Name of Person LXD TEXAS LLC Firm/Company 8991 CROQUET CT Address DAVENPORT, FL 33896 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIEGO F BOTERO RESTREPO Name of Person 121 100334 at (Area Code) Daytime Telephone Number Enclosed is a check for the following amount: \$\mathbb{\text{\$\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}\text{\$\text{\$c}\$}\text{\$\text{\$\text{\$c}\$}	eren ri	LXD TEXA			
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Mailing Address:
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

LXD TEXAS LLC			
(Name of the Limited Liability Comp. (A Florida Limited	anv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000054783	y were filed on <u>02/01/2022</u>	and assigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Trincipal office management			—
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:	e address on our records, <u>enter t</u>	he name of the new res	zistere
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida street address		ANDVE
	City , F10:	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	व्याप्त 🛥	

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>	Name	Address	Type of Action
AMBR	DANIEL A ARIAS	8991 CROQUET CT	bbACl
		DAVENPORT, FL 33896	≡ Remove
			□Change
AMBR	DANIEL E AGUILAR ARIAS	8991 CROQUET CT	∵ ≡ Add
		DAVENPORT, FL 33896	□Remove
			□Change
AMBR	LEONARDO A ARIAS	8991 CROQUET CT	□Add
		DAVENPORT, FL 33896	■Remove
		•	☐ Change
AMBR	Leonardo E Aguilar Arias	5301 MIDDLETON DR	■Add
		PARKER, TX 75002	Remove
			□Change
		·	□Add
			Remove
·			□Change
			DAdd
			□Remove
			☐ Change

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Diego F Batoro Typed or printed name of signee	