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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for tiling.		
Please return all correspo	ndence concerning this matter	to the following:		
	Suzane M. Frisselli			
		Name of Person		
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filling. In all correspondence concerning this matter to the following: Suzane M. Frisselli Name of Person Txai Holdings LLC Firm Company 8219 Ambrose Cove Way Address Orlando, FL 32189 City/State and Zip Code Suzane.frisselli@gmail.com E-mail address: (to be used for future annual report notific information concerning this matter, please call: Frisselli Name of Person Txai Holdings LLC Firm Company Address Orlando, FL 32189 City/State and Zip Code Suzane.frisselli@gmail.com E-mail address: (to be used for future annual report notific information concerning this matter, please call: Frisselli Name of Person Txai Holdings LLC Firm Company Suzane.frisselli@gmail.com E-mail address: (a) Station of Corporations Street Address: Registration Section E-mail address: Registration Section E-mail address: Registration Section Division of Corporations			
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	8219 Ambrose Cove Way	y		
		Address	· ·	
	Orlando, FL 32189			~:3
		nt and fee(s) are submitted for filing. ncerning this matter to the following: 2 M. Frisselli Name of Person Ioldings LLC Firm Compuny Address Jo. FL 32189 City/State and Zip Code Trisselli@gmail.com E-mail address: (to be used for future annual report notification) this matter, please call: 305 315 315 315 315 315 315 315 315 315 31		
				:
	E-mail address: ()	to be used for future annual report noti-	fication)	
For further information c	oncerning this matter, please co	all:		===
Suzane M. Frisselli				F:: 12: 55
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certifica Certified	ne of Status &
Registration :	Section	Registration Se		
— Division of C P.O. Box 632				
Tallahassec.				310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Txai Holdings LLC		
(<u>Name of the Limited Liabili</u> (A Florid:	ty Company as it now appears on our records a Limited Liability Company)	<u>v</u>)
The Articles of Organization for this Limited Liability C	Company were filed on April 18th, 2023	and assigned
Florida document number L23000192135	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>	
· · · · · · · · · · · · · · · · · · ·		
		12:
Enter new mailing address, if applicable:		<u>්</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street addre	¢¢.
		oridaZip Code
	City	val, com

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
AMBR	Jerome Rosen	8219 Ambrose Cove Way	
		Orlando, FL 32189	Remove
		<u></u>	
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