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(Requestor's Name)	
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(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of :	Status
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

TEXT ADVISORS LLC.

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:

KEVIN ARIAS

Name of Person

Firm/Company

10035 NW 44TH TERRACE, APT 205

Address

MIAME FLORIDA 33178

City/State and Zip Code

KEVINARIAS225@GMAIL.COM

E-mail address: (to be used for future annual report notification)

305

Area Code

at (

297-2271

For further information concerning this matter, please call:

KEVIN ARIAS

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy radditional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEXT ADVISORS LLC.		2025 IN LO P
(<u>Name of the Lin</u>	nited Liability Company as it now appear (A Florida Limited Liability Company)	2074 12 Firl2: 21
The Articles of Organization for this Limited		3-2024 and assigned
Florida document number 1.24000220752		
This amendment is submitted to amend the fo	Howing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	
If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our re ess here:	cords. enter the name of the new register
	<u></u>	
Name of New Registered Agent:	KEVIN ARIAS	
New Registered Office Address:		
	Enter Flori	da street address
		Florida
	City	Florida 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KEVIN ARIAS	10035 NW 44TH TERRACE, APT 205	🗆 Add
		MIAMI, FLORIDA 33178	□Remove
		·····	🚍 Change
			🗆 Add
			□Change
		·	🗆 Add
			🗆 Remove
			□Change
<u>L</u>			🗆 Add
			🗆 Remove
			🗆 Change
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			🗆 Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets. (f necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

MAY 30	2024
	Signature of a member or authorized representative of a member
KEVIN ARIAS	

Typed or printed name of signee