

214000144950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

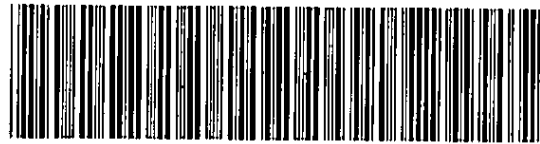
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500333493385

08/27/19--01018--012 **25.00

FILED

2019 AUG 27 PM 5:34

C GOLDEN
SEP - 6 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXIAL MANAGEMENT SERVICES, 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:

HIRAM OCARIZ

Name of Person

Firm/Company

999 PONCE DE LEON BLVD, SUITE 650

Address

CORAL GABLES, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

HIRAM OCARIZ

305

995-9800

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Add
-------	-------	-------	------------------------------

_____	_____	_____	☐ Remove
-------	-------	-------	---------------------------------

_____	_____	_____	☐ Change
-------	-------	-------	---------------------------------

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is crossed out with a diagonal line, indicating no changes are to be made.)

E. Effective date, if other than the date of filing: _____ **(optional)**

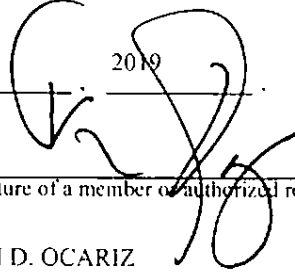
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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.

Dated AUGUST 22 2019



Signature of a member or authorized representative of a member

HIRAM D. OCARIZ

Typed or printed name of signee