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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Tallahassee, FL 32399

From:

Account Name : S. WARREN & ASSOCIATES, PA.
Account Number : 1110000091
Phone : (305) 658-9900
Fax : (305) 658-9900

Enter the email address for this entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dir777@scds-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AX TREE LLC, LLC

Certificate of Status	0
Certified	0
Page	04
Fee	\$25.00

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2017 JUN 14 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 14 AM 9:44

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Electronic Filing Menu

Corporate Filing Menu

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Help

OVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMENDMENT TO CERTIFICATE OF INCORPORATION
STATE OF FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

ELENA DIAZ
2665 SOUTH MIAMI AVENUE
MIAMI, FLORIDA 33134
MIAMI, FLORIDA 33134
ediaz@floridacorp.com
305-285-0000
Daytime Telephone Number

For further information concerning this matter, please contact:

ELENA DIAZ
Name of Person
305-285-0000
Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

STREET/COURTIER ADDRESS:
Registration Section
Division of Corporations
Building
Five Center Circle
Tallahassee, FL 32304

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name, and address of each person being added

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NEW WORLD MENACE PMS LLC	7660 N. ... Drive	☐ Add
		... Florida 33133	☒ Remove
			☐ Change
MGR	RAMON CORP	...	☒ Add
		HOLLY ... L 33024	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SEE: LORD

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☐ Add

 Remove

 Change

D. If amending any other information, enter the date 10/1/2018 Additional sheets, if necessary.

[illegible]

E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be _____, _____, and _____)

Note: If the date inserted in this box does not represent the document's effective date, the Department of Social Services will not process the document.

_(optional)

days after filing.) Pursuant to 605.0207 (3)(b) amendments, this date will not be listed as the

(b) The 90th day after the record is filed.

at time, at 12:01 a.m. on the earlier of:

Dated _____ June 14, 1967

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TALLAHASSEE, FLORIDA