

U7000188091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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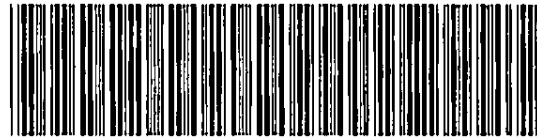
(Business Entity Name)

(Document Number)

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SEP 20 2017
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J. HARRIS

SEP 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXIS3 GROUP 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:

ADRIANA LUZARDO

Name of Person

AXIS3 Group LLC

Firm/Company

5900 SW 116 St

Address

Coral Gables Florida 33156

City/State and Zip Code

Axis3group@gmail.com

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

For further information concerning this matter, please call:

Adriana Luzardo

305 9246545

Name of Person

at ()

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AXIS3 Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 05, 2017 and assigned Florida document number L17000188091.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

No change

The new name must be distinguishable and contain the words "Limited Liability 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)

No change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No change

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

No change

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

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>
MGR	CELERTY CAPITAL PARTNER:	5900 SW 116 ST	☐ Add
		CORAL GABLES FL 33156	☒ Remove
			☐ Change
MGR	VITTO MUSIC PRODUCTIONS	28160 MCBEAN PARKWAY UNI	☐ Add
		VALENCIA , CA. 91354	☒ Remove
			☐ Change
MGR	SANTIAGO SALVICHE	540 N CENTRAL AVE	☐ Add
		GLENDALE CA 91203	☒ Remove
			☐ Change
MGR	ADRIANA LUZARDO	5900 SW 1116 ST	☒ Add
		CORAL GABLES FL 33156	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2:57 PM 2/20/20
2:20 PM 2/20/20

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

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

Dated September 18, 2017

Signature of a member or authorized representative of a member

ADRIANA LUZARDO

Typed or printed name of signee

FILED
2017 SEP 20 PM 2:20
FBI - ALBUQUERQUE