SUITE 400	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above hamed	entity submits this statement for the purpose of changing its	registered onice of regis	lered agent, or both, in the State of Th	i lonua.	
SIGNATURE	BRIAN A MASSO			05/30/2018	
	Electronic Signature of Registered Agent			Date	
Authorized F	Person(s) Detail :				
Title	AMBR	Title	AMBR		
Name	ALVAREZ, ABEL	Name	MASSO, BRIAN A		
Address	3001 SW 117TH AVE	Address	241 NW 53RD ST		
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	OAKLAND PARK FL 33309		
Title	AMBR				
Name	ACEVEDO, NICOLE				
Address	2716 W. 71ST PL				
City-State-Zip:	HIALEAH FL 33016				

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN A MASSO

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000178486

Entity Name: AXIS SERVICES, LLC

Current Principal Place of Business:

6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126

Current Mailing Address:

6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126 US

FEI Number: 61-1757166

Name and Address of Current Registered Agent:

MASSO, BRIAN A 6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126 US

05/30/2018

MANAGING MEMBER

FILED May 30, 2018 Secretary of State CC3555659738

Certificate of Status Desired: No

Date

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