

LO8000030994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

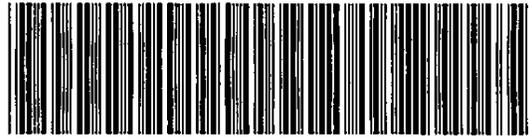
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

MAR 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXIS INVESTMENTS 3607-S, 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:

Oscar Alejandro Gonzalez Perez

Name of Person

Firm/Company

8395 SW 73 Avenue.# 904

Address

Miami , Florida 33143

City/State and Zip Code

oagp09@gmail.com

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

For further information concerning this matter, please call:

Monica Lopez

Name of Person

at **305 401-8522**

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

FILED
15 MAR -2 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AXIS INVESTMENTS 3607-S, 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 03/26/2008 and assigned Florida document number L08000030994.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 8395 SW 73 Avenue.# 904 . Miami , Florida 33143
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8395 SW 73 Avenue.# 904 . Miami , Florida 33143
(Mailing address MAY BE A POST OFFICE BOX)

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: Monica Lopez

New Registered Office Address: 6135 Metrowest Boulevard. Unit 101
Enter Florida street address

Orlando, Florida 32835
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.

Monica Lopez
If Changing Registered Agent, Signature of New Registered Agent

Orney

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Oscar Alejandro Gonzalez Perez	8395 SW 73 Avenue.# 904 . Miami , Florida 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CTC MANAGEMENT SERVICES, LLC	220 Alhambra Circle. 11 Floor Coral Gables, Florida 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove



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

~~_____

_____~~

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/February, 2015

Oscar Alejandro Gonzalez Perez

Signature of a member or authorized representative of a member

Oscar Alejandro Gonzalez Perez for Megura Investments, Inc.

Typed or printed name of signee