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EXAMINER

COVER LETTER

Division of Col	porations	'"
· · · · · · · · · · · · · · · · · · ·		
UBJECT: <u>ETIC</u>	AXEDE HOLDING GROUP, LLC Name of Limited Liability Company	
• •	Name of Billing Stability Company	
•		
he enclosed Articles of	Amendment and fee(s) are submitted for filing.	
lease return all correspo	ondence concerning this matter to the following:	
	TOOR WANTED BAGTILLY LODG	
	JOSE MANUEL DASILVA LOBO Name of Person	
	Name of Person	
	ROYAL BUSINESS & ASSOCIATES, INC.	
	Firm/Company	
	12201 SW 132 CT	
,	Address	
	MIAMI, FLORIDA 33186	APPROVED FILED FILED STATE SECRETARY OF STATE NALLANDASSEE, FLORITORIES
	City/State and Zip Code	
	LUCY@royalbusinessinc.com	3 72
	E-mail address: (to be used for future annual report notification)	
` C in C	announing this matter places calls	
or turther information (concerning this matter, please call:	COST -
		: (Em 0
JOSE Name	MANUEL DASILVA LOBO at (305) 213 -0215 of Person Area Code & Daytime Telephone Number	
	•••••••••••••••••••••••••••••••••••••••	
inclosed is a check for	the following amount:	,
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Fil	
	(additional copy is enclosed) Certified	te of Status & l Copy nal 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

TIC AXEDE HOLDING GROUP, LLC			_	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appea</u> ability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability Company vision document number <u>L10000060661</u>	were filed on	06/04/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil N/A	lity company he	ere:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Comp	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	21 Aveni	.da # 2-35 . Z	ona 14	
Principal office address MUST BE A STREET ADDRESS)	Oficina	305.		
	Guatema]	a, Guatemala	= 5	
		•	AUG 31	
Enter new mailing address, if applicable:	N/A		TARY P	
Mailing address MAY BE A POST OFFICE BOX)			SECOLUL PE	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter	the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida street add	tross	
	Enter Fioriaa street aaaress			
		, Florida	Zip Code	
	City		Zip Coue	

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he 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 608, F.S. Or, if this document is reing 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u> Title</u>	<u>Name</u>	•	Address	Type of Ac	tion	
1GR	JOSE MANUEL DAS	ILVA LOBO	12239 SW 132 CT MIAMI, FLORIDA 33186	Add		
٠			MIAMI, FROKIDA 33100	Remove		
<u>,</u>	· · · · · · · · · · · · · · · · · · ·	·		Add Remove		
	·			·		
				Add Remove		
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				Remove		
D. If aı	mending any other information, 1. PLEASE REMOVE THE) here: (Attach additional sheets, if necessary.) ED AGENT.			
	2. NEW PHONE NUMBER	(502) 407	9–1159	SECRE	12 AU	
	3. NEW EMAIL ADDRESS	S: j.lopez	@tic-axede.com	- Passa	AUG 31 1	FILE
				OF STAT	PM 12: 13	EO
Dated _	August 01,2012			10 7	ယ	
	Signatur	e of a member or	r authorized representative of a member			
•	Þ	MANUEL DAS	• •			

Page 2 of 2

Filing Fee: \$25.00