

L10000115750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

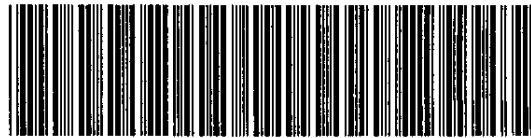
A

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B. KOHR

MAY 25 2012

EXAMINER



500235346595

05/24/12--01010--012 **25.00

12 MAY 24 PM 4:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULTIAXIAL 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:

GUILLERMO ABELLO
Name of Person

MULTI AXIAL LLC
Firm/Company

1590 LA COSTA DR. W.
Address

PEMBROKE PINES, FL 33027
City/State and Zip Code

billabello@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO ABELLO at (786) 556-9594
Name of Person 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

12 MAY 24 PM 4:09
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MULTI AXIAL LLC

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

12 MAY 24 PM 4:09

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 8, 2010 and assigned
Florida document number L 10000115750

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 608, 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

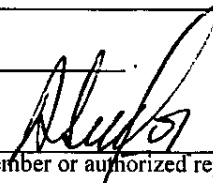
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MARTIN ATORRASAGASTI	LEANDRO N. ALEM 3270 MUNRO - PARTIDO DE VICENTE LOPEZ PROVINCIA DE BUENOS AIRES - ARGENTINA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MIGUEL ANGEL SABASTIAN	CALLE 113 No 2977 SAN MARTIN PROVINCIA DE BUENOS AIRES, ARGENTINA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALBERTO ATORRASAGASTI	LEANDRO N. ALEM 3270 MUNRO - PARTIDO DE VICENTE LOPEZ PROVINCIA DE BUENOS AIRES - ARGENTINA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM			<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.)

Dated MAY 22, 2012



Signature of a member or authorized representative of a member
GUILLERMO ABELLO

Typed or printed name of signee