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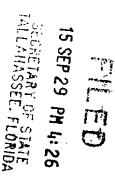
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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COVER LETTER

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TO:		on Section f Corporations		
SURIF	ALAX	XEL FLORIDA, LLC		
SOBJEC		Name o	Limited Liability Company	
The encl	losed Articl	les of Amendment and fee(s) are	e submitted for filing.	
Please ro	eturn all coi	rrespondence concerning this m	atter to the following:	
		Julia Greenberg-Agui	tar	
			Name of Person	
		MyUSAcorporation.c	om	
			Firm/Company	,
		I Radisson Plaza, Sui	te 800	
			Address	~~~
		New Rochelle, NY 10	0801	
			City/State and Zip Code	
		herculespoirot33@yah E-mail addr	oo.com ess: (to be used for future annual report no	otification)
For furth	ner informa	tion concerning this matter, plea	ase call:	
Julia Gr	eenberg-A	guilar	at () 330-2677 Area Code Dayti	
•	N	lame of Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check	for the following amount:		
□ \$25.	00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Stati		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N	AAILING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.

Aurora Murtey, Secretary

State of Nevada Cy, Secret County of Clark

Signed in my presence this the 19th day of January 2015 by Aurora Murtey, State of Nevada. County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 11-20-17
Certificate No: 09-11437-1

Dated: January 19, 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	Loxahatchee	, Florida 33470
New Registered Office Address:	17888 67th Court North Enter F	lorida street address
Name of New Registered Agent:	Incorp Services, Inc	
registered agent and/or the new registered of		on our records, enter the name of the ner
R. If amending the registered agent and	/or registered office address	on our records, enter the name of the new
		FLS 4:
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	mc ?
Enter new mailing address, if applicable:		29 F
		F. 8
<u> Principal office address MUST BE A STREI</u>	ET ADDRESS)	
Enter new principal offices address, if appli	cable:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
A. If amending name, <u>enter the new name o</u>	of the limited liability company	<u>here</u> :
This amendment is submitted to amend the following	lowing:	
Florida document number L12000011991	·	
The Articles of Organization for this Limited L		01/25/2012 and assigned
	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
ALAXEL FLORIDA. LLC		

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 Begistered 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>	Name	Address	Type of Action
MGR	Caruso Management & Consulting, LLC	15800 Pines Blvd, Suite No. 3057	
		Pembroke Pines, Florida, 33027	□ Remove
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D. If amending any other inform	nation, enter change(s) here: Auach additional sh	cets, if necessary.)	
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Makeyer annual fallingages are an agreement as a		`	

E. Effective date, if other than tellf an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nest be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requir	(optional) 90 days ofter filing.) Pursuant to 605, ements, this date will not be liste	.0207 (3)(b) ad as the
If the record specifies a delay (b) The 90th day after the re	ed effective date, but not an effective time, a ecord is filed.	t 12:01 a.m. on the earlie	ा of:
Dated September, 22nd	2015		
•	Plant		
and a 100 Managamagan community of the special distribution of the special distributio	Signature of a member or authorized representative of a mer	nber	
(S. 11.18.11)			
Daniel Rodriguez (A)	nhorized Representative) Typed or primed name of signee		
	Cypea or primed name of signee		

Page 3 of 3

Filing Fee: \$25.00