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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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17 SEP 14 PN 3-03
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2017

KELECHI E. AGADA 75-25 153RD STREET, SUITE 714 KEW GARDENS HILLS, NY 11367 US

SUBJECT: FANAXEL LLC Ref. Number: L12000076169

We have received your document for FANAXEL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 817A00016935

ZOUSEPIL AMILIAS
SEUNINSSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations					
SUBJEC	FANAXEL						
SUDJEC	J1:		ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspon	ndence concerning this matter	to the following:				
		KELECHI E. AGADA					
			Name of Person				
		FANAXEL, LLC					
Firm/Company							
75-25 153RD STREET, SUITE 714							
		Address					
		KEW GARDENS HILLS,	NY 11367				
			City/State and Zip Code	 			
		KELECHI@FANAXEL.CO					
			to be used for future annual report notific	cation)			
For furth	er information co	oncerning this matter, please co	all:				
KELEC	HI E. AGADA		954 868-1044 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	e following amount:					
\$25.0	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

FANAXEL, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L12000076169</u> .	pany were filed on	and assigned
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 contain 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 17 SP 14 M SECRETARY OF S
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>e</u> <u>s here</u> :	nteretire in the of the r
Name of New Registered Agent:		
New Registered Office Address:	r of the state of the	
	Enter Florida street address	
		laZip Code
	CHY	zip Quit

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 Registered 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES L. ROBINSON	640 CARTER LANE	≅ Add
		LOUISA, VIRGINIA 23093	☐ Remove
			Change
			□ Remove
			Change
		 	
			Remove
			□ Change
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Filing Fee: \$25.00