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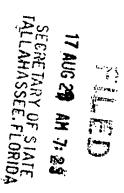
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## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion orations		
SUBJEC	AXXIS 1210	) & 1417, LLC		
SODJEC	-1.	Name of Limi	ited Liability Company	<del></del>
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		JAVIER CARDENAS		
			Name of Person	<del></del>
		JC CONSULTING GROU	P LLC	
		<del></del>	Firm/Company	<del></del>
		1634 ORCHID BEND		
		<del> </del>	Address	<u> </u>
		WESTON, FL 33327		
			City/State and Zip Code	
		javierjc@bellsouth.net  E-mail address: (1	to be used for future annual report notific	eation)
For furth	er information co	ncerning this matter, please ca	ill;	
JAVIER	CARDENAS		954 2885078	
	Name of	Person		Telephone Number
Enclosed	l is a check for the	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

AXXIS 1210 & 1417, 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  $\frac{06/08/2012}{1}$ and assigned Florida document number L12000076673 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Address	Type of Action
MGR	JUAN CARLOS BERTOLIN	1398 SW 160TH AVE SUITE 106	
		SUNRISE, FL 33326	□ Remove
			Change
MGR	MARIA E DEL RIO	1398 SW 160TH AVE SUITE 106	<b>=</b> Add
		SUNRISE, FL 33326	Remove
			Change
MGR	JUAN ESTEBAN BERTOLIN	1398 SW 160TH AVE SUITE 106	
		SUNRISE, FL 33326	Remove
			Change
MGR	PAULA ANTONELA BERTOLIN	1398 SW 160TH AVE SUITE 106	Add
		SUNRISE, FL 33326	□ Remove
			☐ Change
MGR	MORA PROPERTIES CORPORA'	P.O. BOX 556 MAIN STREET	□ Add
		CHARLESTOWN, NEVIS, WEST	Remove
			Change
<u></u>			Add
			□ Remove
			☐ Change

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