Florida Department of State

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Fax Number : (850)617-6383

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Account Name : FOX ROTHSCHILD LLP

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Phone

: (215)299-2150 the email address for this business entity to be used for future Onnual report mailings. Enter only one email address please.** 3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AXA DEVELOPERS LLC**

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K. SALY EXAMINER JUN 28 2013

Fax Audit #H13000146452 3

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

AXA DEVELOPERS LLC

Page 3 of 5 2013-06-27	15.26:57 EDT Fox	Rothschild LLP From: Dausa, Consuelo
	Fax Audit #H1300	
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AXA DEVELO	PERSILC	13 UN 27 CO 13 UN 27 CO 13 UN 27 CO 14 SEC. P. O. S. P.
(Name of the Limited Liability Compa (A Florida Limited I		de Company
(A Florida Limited I	liability Company)	\$ 0675.
The Articles of Organization for this Limited Liability Company	were filed on _09/21/2012 effective	09/18/2012 and assigned
Florida document number L12000121023		
*	•	
This amendment is submitted to amend the following:		
•		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
A+ DEVELOPERS, LLC		
The new name must be distinguishable and end with the words "Limit".L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
	2050 CM 27th Avenue	Puite 220
Enter new principal offices address, if applicable:	2950 SW 27th Avenue,	Suite 220
Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33133	
,		
Enter new mailing address, if applicable:	SAME AS PRINCIPAL	ADDRESS
Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address her	Çi.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	, Flo	rida
	City	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

Page 1 of 3

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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	
			Add	
			Remove	
			Add	
			Remove	
			Remove	
			Remove	
			L Add	
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			Remove	
				
			Add	
			Remove	

	Fax Audit #H13000146452 3
If amending any other	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ted JUNE 27	2013
	Signature of a member or authorized representative of a member
THOM	AS OPPENHEIMER
	Typed or printed name of signee
	Page 3 of 3

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