L12000129526

(Requestor's Name)
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, , ,
(City/State/Zip/Phone #)
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J. SAULSBERRY EXAMINER JAN 10 2013

COVER LETTER

TO:

Registration Section Division of Corporations

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SUBJECT: '

AXIS 1517 N 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:

ADRIANA TRUJILLO

Name of Person

LOCATION3 INVESTMENTS LLC

Firm/Company

1110 BRICKELL AVE # 301

Address

MIAMI, FL 33131

City/State and Zip Code

info@location3investments.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA TRUJILLO

,_,786,254 **1344**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXIS 1517N LLC		
(Name of the Limited Llability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L12000129526		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words 'Limi "L.L.C."	ted Liability Company," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 S
		3 3 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ie name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, Florida	***
	City	Zip Code
N		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUDMER, PABLO	PARANA 774 3D, BUENOS AIRES ARGENTIN	NA. Add
			Remove
MGRM	SORIN, FLORENCIA	PARANA 774 3D, BUENOS AIRES ARGENTI	NA Add
			Remove
MGR	LOCATIONS INVESTMENTS SOUTH FLORIDA LLC		Add
			Remove
			2004 T
			Remove
			Add
			Add
			Remove

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JANUARY 2, 2013	
Signature of a	a member of authorized representative of a member

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Filing Fee: \$25.00