

07/29/2012 04:53

#2864 P.061/004

C13000030556

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000218733 3)))



H14000218733ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2014 SEP 17 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 SEP 17 AM 8:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAXEE GLOBAL INVEST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 18 2014
CLINE

07/29/2032 04:53

Sep. 11. 2014 11:24AM Llanio

#2064 P.002/004

No. 2634 P. 3/5

H14000218733

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NAXEE GLOBAL INVEST 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 02/27/2013 and assigned
Florida document number L13000030556.

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 end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PHOENIX REAL ESTATE CONSORTIUM INC
3049 CLEVELAND AVE SUITE # 233
FORT MYERS, FL 33901

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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 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

Page 1 of 3

H14000218733

07/29/2032 04:53

#2064 P.003/004

Sep. 17. 2014 11:24AM Llanio

No. 2634 P. 4/5
H1400021873

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

2014 SEP 17 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2014

H1400021873

07/29/2032 04:53

Sep. 17. 2014 11:24AM Llanio

#2084 P.004/004

No. 2634 P. 5/5

H14000218733

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 15, 2014


Signature of a member or authorized representative of a member

Krisnamuthi Thangappan

Typed or printed name of signer

2014 SEP 17 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Page 3 of 3

Filing Fee: \$25.00

H14000218733