U300099996

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(2)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400250069474

07/31/13--01014 -004 **25.00

2018 JUL 31 PH 1: 26
SALLANASSEE FIGURIALS

'AUG 01 2013 D. BRUCE

COVER LETTER

TO: Registration S Division of Co		,	
` ACURA	TCS, LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	CHARLES, JEAN R		
		Name of Person	
	ACURA TCS, LLC		
	······································	Firm/Company	
	1141 NW 36TH STRE	ET	
		Address	
	MIAMI, FL 33127		
	axioma.usa@gmail.co	City/State and Zip Code	2019
	E-mail address: (to	be used for future annual report notification)	
For further information	concerning this matter, please ca	D: .	HASS
CHARLES, JEAN	R	786 513-0687	RY OF SEE F
Name	of Person	Area Code & Daytime Telepi	
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

ACURA TCS, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa L13000099596	any were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	AND
Enter new mailing address, if applicable:	<u>νη το μου μου μου μου μου μου μου μου μου μο</u>
(Mailing address MAY BE A POST OFFICE BOX)	m ×
	F S I L
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
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 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.

City

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>	<u>Address</u>	Type of Action
MGR	Jovel, Lenin A	1141 NW 36TH STREET	Add
		MIAMI, FL 33127	Remove
MGR	Garcia Severino, Nancy Y	1141 NW 36TH STREET	Add
		MIAMI, FL 33127	Remove
MGR ———	Mojica Santos, Victor A	1141 NW 36TH STREET	Add
		MIAMI, FL 33127	Remove
MGR	Alonso, Yunior	1141 NW 36TH STREET	Add T
		MIAMI, FL 33127	TARY PREmove
			PH 1: 26
MGR	Alonso, Yuri	1141 NW 36TH STREET	Add
		MIAMI, FL 33127	Remove
MGR	Charles, Jean R	1141 NW 36TH STREET	Add
		MIAMI, FL 33127	Remove

f amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
,	
· · · · · · · · · · · · · · · · · · ·	
July 29, 2013	Miami
	·
	mundo all med
	ignature of a member or authorized representative of a member
Charles, Jean R	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

BEORETARY OF STATE