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DATE:

03/28/22

NAME: AXIS ENTERPRISES LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Se Division of Co			
SUBJEC	Axis Enteq			
SUBJEC	-1:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Dominic Coloutes		
		-	Name of Person	
		Axis Enterprises LLC		
			Firm/Company	
		17340 Ballmont Park Drive	c	
		-	Address	
		Odessa Florida 33556		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		dcoloutes@gmail.com	to be used for future annual report notification)	
For furth	er information c	oncerning this matter, please c	•	
Dominic	Coloutes		813 299-4907 at ()	
	Name o	ſ Person	Area Code Daytime Telephon	e Number
Enclosed	is a check for th	ne following amount:		
□ \$2 5.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ī	Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Section Division of Corporation	s

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Axis Enterprises LLC					
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	ds.)			
The Articles of Organization for this Limited Liability Company Florida document number L14000030281					
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 contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	Axis Enterprises LLC				
(Principal office address MUST BE A STREET ADDRESS)	17340 Ballmont Park Dr				
	Odessa Florida 33556	30 7 m			
		R 2			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		SS			
		<u> </u>			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		lorida Zip Code			
New Desistand Agent's Signature of shanning Desistand Agents	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaining filed to merely reflect a change in the registered office	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is			
company has been notified in writing of this change.	•	•			

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> AMBR	<u>Name</u>	Address 2465 McMullen Booth Rd	Type of Action
	PHI International, Inc		□∧dd
		Clearwater Florida 33759	■ Remove
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			
			□Remove
			□Change
			
			□Remove
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Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	ne date of filing: nust be specific and cannot be block does not meet the ap	pplicable statutory fili	(optional) (optional) more than 90 days after filing ng requirements, this date	3.) Pursuunt to 605.0207 (3
he record specifies a delayed effectord is filed.	tive date, but not an effecti	ive time, at 12:01 a.m.	on the earlier of: (b) The	he 90th day after the
Dated	2022	·		
	(OT)	7		
	Signature of a piember of	authorized representative	e of a member	

Filing Fee: \$25.00