

L14,000112681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

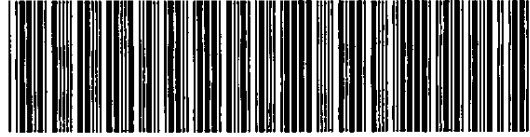
(Business Entity Name)

(Document Number)

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15 OCT -2 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 06 2015  
Y SULKER

Jorge Almeida

Ph: (305) 815-2965

432 NW 23rd Ct.

Miami, FL 33125

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AFX, 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:

Jorge Almeida

Name of Person

Firm/Company

432 NW 23rd Court

Address

Miami, FL 33125

City/State and Zip Code

jorge.almeida24@gmail.com

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

For further information concerning this matter, please call:

Jorge Almeida

305

815-2965

at ( )

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**

AFX, 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 July 16th, 2014 and assigned Florida document number L14000112681.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

432 NW 23rd Court

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Fl 33125

**Enter new mailing address, if applicable:**

432 NW 23rd Court

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Fl 33125

**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:

Jorge Almeida

New Registered Office Address:

432 NW 23rd Court

Enter Florida street address

Miami

Florida

33125

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 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**

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TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jorge Almeida	432 NW 23rd Court	<input checked="" type="checkbox"/> Add
		Miami, FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Almeida	432 NW 23rd Court	<input checked="" type="checkbox"/> Add
		Miami, FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Fernanda Bermudes-Alves	3501 N. Miami Ave	<input type="checkbox"/> Add
		Miami, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

*[The following area is crossed out with a large 'X' and contains horizontal lines for text entry.]*

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 DEPARTMENT OF STATE

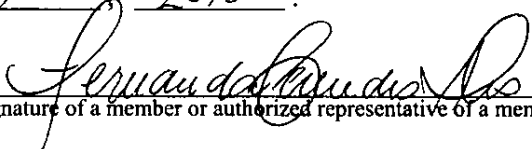
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 25 2015.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

FERNANDA BERMUDES ALVES  
 \_\_\_\_\_  
 Typed or printed name of signee