(Requestor's Name)				
(Address)				
. (Addr	ess)	<u></u> .		
(City/s	State/Zip/Phone #	<i>t</i>)		
PICK-UP	WAIT	MAIL		
(Busin	ness Entity Name	·)		
(Document Number)				
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COVER LETTER

TO:	Registration Sec Division of Cor			
CHIDLE	AXYUS LO			
SUBJE	CI;	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		PHILIPPE DEGONSE		
		,	Name of Person	
		AXYUS LLC		
			Firm/Company	
		1201 LOST CREEK COU	RT	
			Address	
		OSPREY FL 34229		
			City/State and Zip Code	
		philippe.degonse@dp4.lu		
		E-mail address: (to be used for future annual report notif	ication)
For furt.	her information co	oncerning this matter, please ca	all;	
Philipp	e Degonse		561 2663860 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

AXYUS LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000176533</u> .	were filed on 11/13/2014 and assigned	
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" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	520 EAST ATLANTIC AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH FL 33483	
· "		
Enter new mailing address, if applicable:	520 EAST ATLANTIC AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH FL 33483	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lam familiar with and provided for in Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Age

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> **Address** Type of Action _□ Add _□ Remove _□ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add Remove Ÿ **ு** Remove _□ Change

		enter change(s) here: (Attach additional	
	 		
		<u> </u>	
		•	· · · · · · ·
If an effective Note: If the document's	e date inserted in this block do s effective date on the Departm	ecific and cannot be prior to date of filing or more the not meet the applicable statutory filing rec	quirements, this date will not be listed as th
	th day after the record is		e, at 12.01 a.m. on the earlier of
Dated	30th		E n
-		AYL	33 23
	Signat Philippe DEGONSE	ure of a member or authorized representative of a	5 6
•	rps = ====	Typed or printed name of signee	
		Page 3 of 3	P 12: 57 F STATE F LORID

Filing Fee: \$25.00