

LIS000040046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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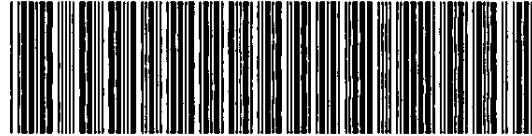
(Business Entity Name)

(Document Number)

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2015 DEC -2 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan DEC 3 - 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXALON TECH 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:

FILIPINAS LAXAMANA NOTARIO

Name of Person

AXALON TECH LLC.

Firm/Company

7310 W. MCNAB ROAD SUITE 205

Address

TAMARAC, FL 33321-5328

City/State and Zip Code

filipina@axalon tech.com

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

For further information concerning this matter, please call:

FILIPINAS LAXAMANA NOTARIO

Name of Person

954 at ()

Area Code

278-2373

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2015 DEC -2 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AXALON TECH 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 MARCH 04, 2015 and assigned Florida document number L15000040096.

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:

(Principal office address MUST BE A STREET ADDRESS)

AXALON TECH LLC.

7310 W. MCNAB ROAD SUITE 205

TAMARAC, FL 33321-5328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

AXALON TECH LLC.

7310 W. MCNAB ROAD SUITE 205

TAMARAC, FL 33321-5328

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:

FILIPINAS LAXAMANA NOTARIO

New Registered Office Address:

7310 W. MCNAB ROAD SUITE 205

Enter Florida street address

TAMARAC

, Florida

33321-5328

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

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>
AMBR	JOEIE L. LAXAMANA	5031 W. OAKLAND PARK BLVD	<input type="checkbox"/> Add
		UNIT: C101	<input checked="" type="checkbox"/> Remove
		LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Change
AMBR	FILIPINAS LAXAMANA NOTARIO	7310 W. McNAB ROAD	<input type="checkbox"/> Add
		SUITE: 205	<input type="checkbox"/> Remove
		TAMARAC, FL 33321-5328	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ELECTRONIC ARTICLES of ORGANIZATION For FLORIDA LIMITED LIABILITY COMPANY AMEND:

ARTICLE II: The Street Address of the Principle office of the Limited Liability Company is:

7310 W. McNAB ROAD SUITE: 205

TAMARAC, FL. US 33321-5328

The Mailing Address of the Limited Liability Company is:

5001 W. Oakland Park Blvd. H305

Lauderdale Lakes, FL 33313

ARTICLE IV: The Name and the Florida Street Address of the Registered Agent is:

FILIPINAS LAXAMANA NOTARIO

7310 W. McNAB ROAD SUITE: 205

TAMARAC, FL. US 33321-5328

ARTICLE V: THE NAME AND ADDRESS OF THE PERSON(S) AUTHORIZED TO MANAGE LLC:

TITLE: AMBR

FILIPINAS LAXAMANA NOTARIO

7310 W. McNAB ROAD SUITE: 205

TAMARAC, FL. US 33321-5328

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

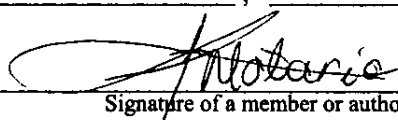
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 20, 2015


Signature of a member or authorized representative of a member

FILIPINAS LAXAMANA NOTARIO

Typed or printed name of signee