L500/050/8

(Req	uestor's Name)	
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COVER LETTER

	egistration Se ivision of Cor				
eun ic <i>c</i> t		TRIBUTION LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		JAIME M MARQUEZ			
		_ ;	Name of Person		
		AXEL DISTRIBUTION L	LC		
Firm/Company				·····	
1111 BRICKELL AVENUE Suite 100					
			Address		型位 第一
		Miami, Fl. 33131			遊道:
			City/State and Zip Code		荡息 5
		j.mar1927@yahoo.com			지수 교
For further	· information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)	13 08 13 08 13 08 14 3 08
Gregorio I	Herrera, C.P.A		786 472-1933		المري المراجع
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed i	s a check for th	ne following amount:			
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXEL DISTRIBUTION LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L15000105018	were filed on 06/16/2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ilitv 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:	2780 SW 87th Avenue, Suite 102		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 33165		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2780 SW 87th Avenue, Suite 102 Miami, Fl. 33165	of the	
		24 5 T	
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:		98 8	
New Registered Office Address:	Enter Florida street address		
	, Florid		
	City	Zin 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> **Type of Action** _□ Add □ Remove

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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	e specific and cannot be price does not meet the appli	r to date of filing or m cable statutory filin	(option: ore than 90 days after fili g requirements, this da	ing.) Pursuant to 605:02
record specifies a delayed e The 90th day after the record		ot an effective t	ime, at 12:01 a.n	n. on the earlier
November 5	2015	·	-	
	11	A		
Się	gnature of a momber of aut	horized representative	of a member	

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Filing Fee: \$25.00