

216000149001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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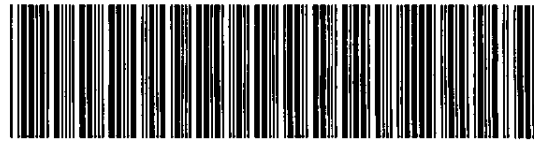
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 15 P 5:07

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SEP 16 2015
J BRUCE

Akquasun Axis Holidays, LLC.



"creating the moment"
AKQUA SUN
GROUP

**TO: Registration Section
Division of Corporations**

SUBJECT: AKQUASUN AXIS HOLIDAYS 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:

JAISON PAUL

Name of Person

AKQUASUN AXIS HOLIDAYS LLC

Firm/Company

352 BALOGH PLACE,

Address

LONGWOOD, FL-32750

City/State and Zip Code

jaisonpaul007@gmail.com

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

For further information concerning this matter, please call:

JAISON PAUL

407

617-6852

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

352 Balogh Place, Longwood
Orlando, Florida, 32750 USA
www.akquasun.com

TEL: +1(844) 200-2947
FAX: +1(407) 801-8532
Email: jaison@akquasun.com

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
AKQUASUN AXIS HOLIDAYS LLC**

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/03/2014 and assigned Florida document number **L16000149001**

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

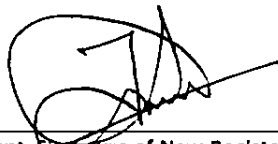
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing being added or removed from our records:

MGR= Manager

MBR= Managing Member

AMBR= Authorized Member

PAUL, JAISON _____ MGR / MBR (TITLE CHANGE)

352 Balogh Place

Longwood, FL.32750

AKQUASUN HOLIDAYS INDIA PVT LTD _____ (TO BE REMOVED)

VARGHESE, VYDIA _____ AMBR (TITLE CHANGE)

352 Balogh Place

Longwood, FL. 32750

RAHIM, BASHEER A _____ AMBR (TITLE CHANGE)

352 Balogh Place

Longwood, FL. 32750

RAMACHANDRAN NAIR, SUJIT _____ AMBR (TITLE CHANGE)

352 Balogh Place

Longwood, FL. 32750

X 

Signature of a member or authorized representative of a member

Jaision Paul

9/06/2016

Typed or printed name of signee

Date

2016 SEP 15 P 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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