## 117000107861

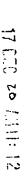
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## **COVER LETTER**

Div	ision of Cor	porations		
SURJECT:		ANAGEMENT, LLC		
Soigner.	•	Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARCO A. MACHADO		
			Name of Person	
		AXTEN MANAGEMENT	LLC	
Firm/Company				
		8678 Głyborne Ct		
			Address	<del></del>
		Orlando, FL - 32825		
			City/State and Zip Code	
		Axten@mail.com		
		E-mail address: (	to be used for future annual report notifica	tion)
For further in	nformation co	oncerning this matter, please ca	at]:	
Marco A. M	lachado		404 502-9850 at ()	
	Name of	f Person	Area Code Daytime To	elephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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

TO:

Registration Section

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

ANTEN MANAGEMENT, LLC	ad Cabible Cam		0.1
(Name of the Lim	(A Florida Limited	I Liability Company)	<u>\$</u> .)
The Articles of Organization for this Limited I Florida document number L17000107861		y were filed on	and assigned
This amendment is submitted to amend the fol	ument number  L17000107861  Iment is submitted to amend the following:  Inding name, enter the new name of the limited liability company here:  India name, enter the new name of the limited liability company here:  India name of lices address, if applicable:  India name of New Registered Agent:  India name of New Registered Agent:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
n/a			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	<del></del>
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			8
(Mailing address MAY BE A POST OFFICE BOX)			
			12. % 1 m² 1 ma
			· · · · · · · · · · · · · · · · · · ·
	~		s, enter the name of the new
Name of New Registered Agent:	n/a	·	
New Registered Office Address:	n/a		
		Enter Florida street addres	S
		, Flo	orida
		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>	Name	Address	Type of Action
AMBR	MARCO A. MACHADO	8678 Glyborne Ct, Orlando FL	Add
		NAMES OF THE PARTY	Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Remove
			Change
	······································		Add
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If an e Note:	tive date, if other than the date of filing:	05.0207 sted as	(3) the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier of	:
Date	DECEMBER 19 2017.		
	Stateles .		
	Signature of a member or authorized representative of a member		
	SIMONE L. MACHADO		

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Filing Fee: \$25.00