

L17000188421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

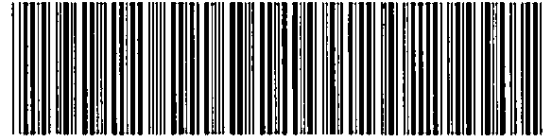
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2017

AXMTECH.LLC
12971 SAWGRASS PINE CIRCLE
ORLANDO, FL 32824 US

SUBJECT: AXMTECH.LLC
Ref. Number: L17000188421

We have received your document for AXMTECH.LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the type of document to be corrected in the third section of the form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00021909

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXMTECH.LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AINGEL MUTTAMTHOTTIL
Name of Person

AXMTECH.LLC
Firm/Company

12971 SAWGRASS PINE CIRCLE
Address

ORLANDO, FLORIDA-32824
City/State and Zip Code

axmapps@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AINGEL MUTTAMTHOTTIL at (407) 9316144
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: AXMTECH.LLC

SECOND: The Florida Document number of the limited liability company is: L170001888421

THIRD: Document to be corrected is: AXMTECH LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:


I would like to have the name of the company changed to AXMTECH LLC from the previously registered name AXMTECH.LLC

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

 11-09-17
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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