117000248360

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

Division of Corpo	or actions			
SUBJECT: Axel	S Aulo R Name of Line	epo & LLC ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Axel A.	Sepulveda Namo of Person		
	Axels Au	to Repair LL Firm/Company	<u>C</u>	
	2341 NE	12 terr Pom	7 ·	
	pompano	Reach FC City/State and Zip Code	33064 E	A
	axels auto reg	to be used for future annual report notific	ation)	
For further information con-	cerning this matter, please ca	all:	ים בי	-
Axed A: Sen	ulv-la erson	at (964) 540 56 Area Code Daytime T	elephone 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:

TO:

Registration Section

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

Axel & Auto Rea (Name of the Limited Liability	y Company as it now appears on ou Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 17000,248360</u> This amendment is submitted to amend the following:	ompany were filed on 12 1	05) 2017 and assigned
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		read trad
B. If amending the registered agent and/or regist		
registered agent and/or the new registered office addroises. Name of New Registered Agent:	ess nere:	
New Registered Office Address:	Enter Florida stre	et address
·	City	, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Axel A. Sepulvala	2341 NE27 Far	Add
		Pompano Beach FC 33064	□ Remove
		FC 33064	Change
		. 7"	Add
			☐ Remove
			Change
			Add
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ective date, if other the effective date is listed, the effective date inserted in the effective date inserted in the effective date.	e date must be specifi in this block does	ic and cannot not meet the	be prior to da applicable	ate of filing or n	nore than 90 day		ig.) Pi		
ument's effective date	on the Department	t of State's i	records.						
record specifies a c he 90th day after t	delayed effecti the record is fil	ve date, l led.	but not ar	n effective	time, at 12	:01 a.m	. on	the e	arlier
ed 04/05 20	ગફ	, <u>2</u> c	N&						
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Page 3 of 3

Filing Fee: \$25.00