

218000 139445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

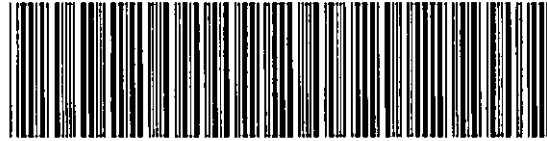
(Business Entity Name)

(Document Number)

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JAN 14 2019

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2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AXPOCOM USA, 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:

NILTON FREGNI

\_\_\_\_\_  
Name of Person

EXPAT CONSULTING CORP

\_\_\_\_\_  
Firm/Company

8615 COMMODITY CIRCLE, SUITE 11

\_\_\_\_\_  
Address

ORLANDO - FL.32.819

\_\_\_\_\_  
City/State and Zip Code

ACC@EXPATCONSULTING.COM

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

For further information concerning this matter, please call:

NILTON FREGNI

407 745.11.12  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AXPOCOM USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/05/2018 and assigned  
Florida document number L18000139445.

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

**Enter new principal offices address, if applicable:**

4536 RAINTREE RIDGE ROAD

**'Principal office address MUST BE A STREET ADDRESS'**

ORLANDO - FLORIDA - 32.837

**Enter new mailing address, if applicable:**

4536 RAINTREE RIDGE ROAD

**Mailing address MAY BE A POST OFFICE BOX**

ORLANDO - FLORIDA - 32.837

**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:**

Name of New Registered Agent:

EXPAT CONSULTING CORP ✓

New Registered Office Address:

8615 COMMODITY CIRCLE, SUITE 11

Enter Florida street address

ORLANDO

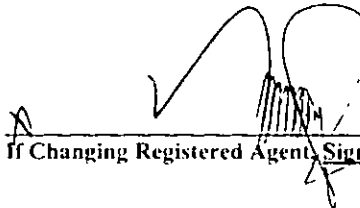
City

Florida 32.819

Zip Code

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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>	<u>Type of Action</u>
AMBR	PEREZ SANTANA, MOISES A	CALLE 44C # 4821	<input type="checkbox"/> Add
		YUCATAN - MERIDA	<input type="checkbox"/> Remove
		MEXICO - ZIP.97.145	<input checked="" type="checkbox"/> Change
AMBR	CINTURION CHAN, CECILIA MAGDALENA	CALLE 44C # 4821	<input checked="" type="checkbox"/> Add
		YUCATAN - MERIDA	<input type="checkbox"/> Remove
		MEXICO - ZIP.97.145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

12/18/2018

**MOISES ARMANDO PEREZ SANTANA**

Typed or printed name of signee

**Filing Fee: \$25.00**