

L18000206432

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D. BRUCE
JAN 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXIOM TRANSPORTATION INVESTMENT GROUP 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:

RAJORI ELIECER RIVERO TERAN

Name of Person

AXIOM TRANSPORTATION INVESTMENT GROUP LLC

Firm/Company

2813 EXECUTIVE PARK DR, STE 107

Address

WESTON, FL 33331

City/State and Zip Code

rajorivero@hotmail.com

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

For further information concerning this matter, please call:

ORLANDO LLANES

305 389-3607
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2018 DEC 26 PM 4:31
CLERK OF SUPERIOR COURT
JESSICA L. HARRIS

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

AXIOM TRANSPORTATION INVESTMENT GROUP 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 08/28/2018 and assigned
Florida document number L18000206432.

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:

(Principal office address MUST BE A STREET ADDRESS)

2813 EXECUTIVE PARK DR

STE 107

WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2813 EXECUTIVE PARK DR

STE 107

WESTON, FL 33331

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:

Name of New Registered Agent:

RAJORI ELIECER RIVERO TERAN

New Registered Office Address:

2813 EXECUTIVE PARK DR, STE 107

Enter Florida street address

WESTON

City

Florida 33331

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAJORI ELIECER RIVERO TERAN	2813 EXECUTIVE PARK DR, STE 107 WESTON, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ORLANDO LLANES	4375 PALM AVE HIALEAH, FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 21

2018

Signature of a member or authorized representative of a member

ORLANDO LLANES

Typed or printed name of signee