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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number

: (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AXERUNNERS LLC**

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Corporate Filing Menu

Date: 12/26/19 Time: 8:58 AM Page: 03/05 To: 18506176383 From: 19165767051

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

AXErunners LLC (Name of the Limiter	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia		and assigned
lorida document number £18000222419	· · · · · · · · · · · · · · · · · · ·	
his amendment is submitted to amend the follow	wing:	
If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	2013
Principal office address MUST BE A STREET	TADDRESS)	
		77.2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	26 AM 0: P7
3. If amending the registered agent and/o egistered agent and/or the new registered off	or registered office address on our records, lice address here:	enter the name of the n
egister etragent antivor the new register en ou		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ridaZ <sub>IP</sub> Code
	City	7. 6.4.

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

To: 18506176383 From: 19165767051 Date: 12/26/19 Time: 8:58 AM Page: 04/05

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>	Address	Type of Action
AMBR	Paul Lacourbe	66 West Flagler Street #984	<b>₩</b> Add
		Miami, FL 33130	☐ Remove
			O Change
			☐ Remove
			C'hange
			Remove 23
<del></del>			Change 3
			☐ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Chang <b>e</b>

To: 18506176383 From: 19165767051 Date: 12/26/19 Time: 8:58 AM Page: 05/05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ž 1	G1 B7
:	92 130 BIR
	AM IO: 5

E. Effectiv	e date, if other than t	he date of filing	;:	(optional)
(If an effect Note: Ti	rium data in lictad, tha data r	nust be specific and block does not m	cannot be prior to dille of sect the applicable statu	Thing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) tory filing requirements, this date will not be listed as the
If the reco	rd specifies a delay Oth day after the r	ved effective de ecord is filed.	ate, but not an eff	ective time, at 12:01 a.m. on the earlier of:
Dated _	December 17th		2019	
			nember or authorized repr	executative of a member
	Kirill Orlay	Signature of a n	пениет а апастуса терг	SOMETIC OF IT WELLEN
	Kirill Orloy			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00