CC 23102

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

SUBJECT: Dis	STRI ELECTRO	LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	onderne concerning this matter	to the following:		
	MARCEL	DEIGOIN Name of Person		
	Dist2: व	ELECTIO LLC Firm/Company		
	1520 N	W 89 TH CT		
	DORAL, F	L 33172 City/State and Zip Code Couloutrodl · Cor to be used for future annual report notifi		10 A
	marcelo€ E-mail address:	Couleutrodl . Cor	ication)	34
For further information c	oncessing this matter, please c	all:		79 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mancolo Name o	Iligoin (Person	at (<u>786)</u> <u>863 -</u> Area Code Daytime	9220 Telephone Number	7 PH 2: 17
Enclosed is a check for the	ne fo) owing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Cop (additional copy	f Status & py

MAILING ADDRESS:

TO:

Registration Section **Division of Corporations**

> 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

DISTRI ELEC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on o la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L 18000 23/C</u>		02 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
AXIALTEK LLC The new name must be distinguishable and contain the words "Lin		
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address M JST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vect address
		. Florida
•	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this capac	zity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
		□ Remove	
			Change
			□ Add
			Remove
			Change
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(If an effe <u>Note:</u>	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	January 2 ND . 2019
	Signature of a member or authorized representative of a member
	Mancelo IRIGOIN

Page 3 of 3

Filing Fee: \$25.00