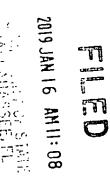
118000252520

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ви | rsiness Entity Nar | ne) |
| (Do | ocument Number) | · <u>-</u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



600322762186



C. GOLDEN

JAN 2 3 2019

COVER LETTER

| DAX AC | COUNTING SERVICES, LLC | | |
|----------------------------|--|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JUAN CARLOS GUILBI | E | |
| | | Name of Person | |
| | DAX ACCOUNTING SE | RVICES LLC | |
| | | Firm/Company | * 1811 III * 1 |
| | 5575 S SEMORAL BLVD | | |
| | | Address | |
| | ORLANDO , FL 32822 | | |
| | lnin.lpdaccounting@gmail | City/State and Zip Code .com | |
| | E-mail address: (| to be used for future annual report notifi | ication) |
| For further information of | concerning this matter, please co | all: | |
| Lina Garrido | | 786 282-1175 at () | Telephone Number |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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 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

FILED

DAX ACCOUNTING SERVICES, LLC

2019 JAN 16 AM 11:08

(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 Compar | ny were filed on _ | 10/26/2018 | and assigned |
|---|---------------------------------------|--|---|
| Florida document numberL18000252520 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | ability company l | here: | |
| DAX ACCOUNTING & COLLECTIONS SERVICES LLC | | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | | |
| (Principal office address MUST BE A STREET ADDRESS) | | **** | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | N/A | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: N/A | | on our records, <u>ente</u> | the name of the new |
| New Registered Office Address: | | | |
| | Enter Fl | orida street address | |
| | | Florida | Zip Code |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic | te performance o s provided for in | of my duties, and I am Chapter 605, F.S. Or | familiar with and r, if this document is |

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> | Address | Type of Action |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | · | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |

| | ··· | · | | |
|--|---|------------------------|-------------------------------------|--|
| | | | | |
| | | . | | · · · · · · |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | · <u></u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 7 | . |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u>-</u> |
| ffective date, if othe | r than the date of filing: | | (optional) | |
| an effective date is listed, ote: If the date inserte | the date must be specific and canno ed in this block does not meet the ate on the Department of State's | e applicable statutory | or more than 90 days after filing.) | Pursuant to 605.0207 will not be listed as |
| | a delayed effective date, er the record is filed. | but not an effecti | ve time, at 12:01 a.m. o | on the earlier of |
| ated | 19 (. 2 | <u>o(9</u> . | | |
| | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00