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## **COVER LETTER**

TO:	Registration Section Division of Corpor		· .,	,
SUBJI	ест:Ахо	Elis AGENCY LL Name of Limi	ted Liability Company	<b>4</b>
The en	closed Articles of Arr	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	ence concerning this matter	to the following:	
		Tyler 6	Reed-Hanford Name of Person	
			Firm/Company	<del></del>
		2900 NW 194	Address	
			City/State and Zip Code	
	-	E-mail address: (1	Fagency Cameri.	(CON)
For fu	ther information conc	erning this matter, please ca	ill:	
	Marisena 1	Pepper	at ( <u>239</u> ) <u>323</u> Area Code Daytime	7 88 4 e Telephone Number
Enclos	ed is a check for the f	ollowing amount:		
<b>Ş</b> ] \$2	5.00 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

Axcelis Agency LLC

(Name of the Limited Liability Company as it now april to un punt cords 3

The Articles of Organization for this Limited Liability Company	were filed on the state of the state	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
<del></del>	City , Florida	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>	Address	Type of Action
AMBR	Curtis Higgons	3601 Kernan Blvd. S.	<b>05</b> Add
		3601 Kernan Blvd. S. 1923A Jacksonville, Fr	Remove
		32224	Change
			🗆 Add
			Remove
			□ Change
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(If an effecti Note: If (	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier $0th\ day\ after\ the\ record\ is\ filed.$
Dated	April 10th, 2019.  Man Agran
	Signature of a member or authorized representative of a member
	- B

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Filing Fee: \$25.00