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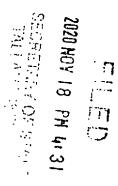
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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LA 12/2/20

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Daxton Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mon	Sha Lanier Name of Person	
	Dax	ton & Co., LLC	
	P. D.	Box 462 Address	
	Can	City/State and Zip Code	<u>.</u>
	E-mail address: (	ilr.m15(a) (1991) · () to be used for future annual report notific	D M cation)
For further information cor	ncerning this matter, please ca	all:	
Monish Name of	LANILY Person	at (950) Oaytime	DOO Telephone Number
Enclosed is a check for the	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: Registration Se		Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	AXTON & Co. LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
Enter new principal offices address, if applicabl	
Enter new mailing address, if applicable:	SEC 8
(Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	Monisha Lanier
New Registered Office Address:	90 Lanier Lane  Enter Florida street address
-	Gritha Florida 32332

## 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>	Name	Address	Type of Action
AMBR	Damon Green	493 W Van Buren Loop	🗆 Add
		493 W Van Buren Loop APT1 Tallahassee, FL. 3230)	Dremove
		<u></u>	□Change
			□Add
			□Remove
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			□Add
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		<del></del>	□Remove
			□ Change

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