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(Re	questor's Name)	
bA)	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

AXP CBD	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	ndence concerning this matter	to the following:	
	Xi Flood		
		Name of Person	
	AXP CBD LLC		
		Firm/Company	
	18201 Collins Ave., #4806	i	
		Address	 .
	Sunny Isles Beach FL		
		City/State and Zip Code	
	axpcbd@gmail.com		
For firsther information of	oncerning this matter, please ca	to be used for future annual report notif	ication)
	onecrning this matter, please ea		
Xi Flood		954 5476174 at ()	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXP CBD LLC (Name of the Limited	Liability Compa	ny as it now appears on our records. Liability Company))	_			
(A	Florida Limited I	Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on 04/02/2019					and assigned		
Florida document numbor 1.19000091092							
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited liab	ility company here:					
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation	اليات ف			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18201 Collins Ave		س <u></u>			
		#4806		35			
		Sunny Isles Beach, FL 33160		ر د			
				77	1		
Enter new mailing address, if applicable:		18201 Collins Ave	<u> </u>	€\$			
Mailing address MAY BE A POST OFFICE BO	OX)	#4806	2 1 m 1 m 1 1 m 1 1 m 1				
Maning duaress MAT BEAT OST GITTEE BOOK		Sunny Isles Beach, FL 33160					
B. If amending the registered agent and/or registered agent and/or the new registered office			enter the nar	ne of	the ne		
Name of New Registered Agent:	Xi Flood			_			
New Registered Office Address:	18201 Collins	Ave., #4806					
		Enter Florida street address					
	Sunny Isles Beach, F		rida <u>33160</u>	.			
	City		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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Xi Flood	18201 Collins Ave	■ Add
		#4806	
		Sunny Isles Beach, FL 33160	□ Remove
			Change
AMBR	AGNIESZKA PIOTROWICZ	18201 Collins Ave	Add
		#4806	
		Sunny Isles Beach, FL 33160	
			☐ Remove
			Change
			Add
			□ Remove
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	d specifies a o	the record is	filed.			ective tim	e, at 12:	01 a.m. or	n the earlie	rof
Dated	AUG 2	<u>o</u> ,	,	2019	; 	7)				
		Hi.	-25	2						
		Signate	ire of a mo	ember or auti	horized repr	esentative of	a member			
	Xi Nguyen Flo	od								

Page 3 of 3

Filing Fee: \$25.00