## L19000150789

(Red	questor's Name)	_
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(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filling Officer:	

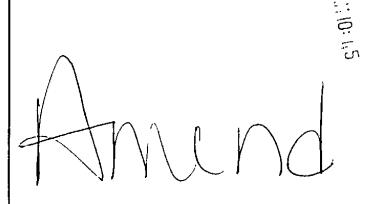
Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CURIE	OT.	HOUSEM/	AX REALTY, LLC			
SUBJE	CI:	Nume of Lim	Nume of Limited Liability Company			
					0.01	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		0 mg	
Please r	etum all correspo	ondence concerning this matter	to the following:	Ohck St. SD		
			PAUL DEFELICE		4180	
			Name of Person		·	
		НО	HOUSEMAX REALTY, LLC			
		<del></del>	Firm/Company			
		58	880 MERIWETHER	PL		
			Address			
		S	ARASOTA, FL 342	232		
			City/State and Zip Code			
			FELICEP@AOL.CO to be used for future annual			
For furt	her information o	concerning this matter, please ca		, , , , , , , , , , , , , , , , , , , ,		
	PAL	JL DEFELICE	914	315-1990		
	Name o	of Person	at () Area Code	Daytime Telephone Number		
Enclose	d is a check for the	he following amount:				
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate (losed) Certified (	of Status &	
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registrat	T/COURIER ADDRESS: ion Section of Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

TO OF ORGANIZATION OF  AX REALTY, LLC	(0), (1)/(0:/(Cords.)		
OF AX REALTY, LLC	5 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		
AX REALTY, LLC	5		
•			
•			
Omnany as it now appears on our	1. J. J.		
ompany as it now appears on our raited Liability Company)	ecords.)		
pany were filed on06/	<b>06/2019</b> and assigned		
liability company here:			
Liability Company," the designation	"Ll.C" or the abbreviation "L.l.C."		
<u> </u>	<del></del>		
<del></del>			
<del></del>			
	cords, enter the name of the nev		
PAUL DEF	ELICE		
5880 MERIWETH	IER PLACE		
Enter Florida street d	Enter Florida street address		
SARASOTA	, Florida 34232		
	Liability Company here:  Liability Company," the designation  SS)  ed office address on our reshere:  PAUL DEF  5880 MERIWETH		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	PAUL DEFELICE	5880 MERIWETHER PL	Add
	14.1	SARASOTA, FL 34232	
		<del></del>	□ Remove
			Change
MGR	PAOLO DEFELICE	5880 MERIWETHER PL	□ Add
		SARASOTA, FL 34232	U Add
			■ Remove
			Change
MGR	KAREN DEFELICE	5880 MERIWETHER PL	□ Add
		SARASOTA, FL 34232	
			Remove
		<u></u>	☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
		<del></del>	Change
			□ Remove
			☐ Change

<del></del>
E. Effective data if other than the data of filing.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 9-5-19.  Zaul at a
Signature of a member or authorized representative of a member
PAUL DEFELICE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00