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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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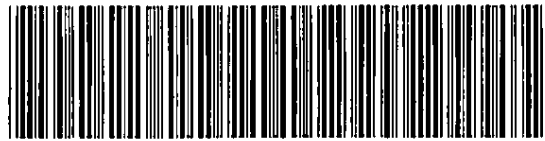
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ax-Caliber LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kraig Woodrow

Name of Person

JAVA-LEAD LLC

Firm/Company

4798 SOUTH FLORIDA AVE, PMB 308,

Address

LAKELAND, FL 33813

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kraig Woodrow

863

581-5859

at (_____) _____

Name of Person

Area Code

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

Street Address:

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAVA-LEAD	4798 South Florida Ave	☐ Add
		Suite 308	☐ Remove
		Lakeland, FL 33813.	☒ Change
MGR	Kraig Woodrow	4798 South Florida Ave	☒ Add
		Suite 308	☐ Remove
		Lakeland, FL 33813.	☐ Change
MGR	Joyce Woodrow	4798 South Florida Ave	☒ Add
		Suite 308	☐ Remove
		Lakeland, FL 33813.	☐ Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 19th 2020

Grant Woodard
Signature of a member or authorized representative of a member

Kraig Woodrow

Typed or printed name of signee

Filing Fee: \$25.00