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COVER LETTER

SUBJECT:	AXEINVES	TIMENTS LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATHALIA, MACHADO	С	
		Name of Person	
		Firm/Company	
	7107 ALTIS WAY, 1032	3	
	 -	Address	
	ORLANDO, FLORIDA	32836	
		City/State and Zip Code	·
	USANETO13@HOTMAII	COM to be used for future annual report notifi	
Can Coak on in Comme		·	ication)
ror further information c	oncerning this matter, please c	all:	
NATHALIA, MACHAD	ос	407 630-2920 at ()	
Name o	f Person		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)

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

Registration Section Division of Corporations

TO:

Street Address: 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

AXE INVESTIMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	nany were filed on 02/13/	2020 and assigned
Florida document number L20000050792	any were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AXE INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS	N/A	2070 HA
		And the second s
		<u></u> ω
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	5 5
Maning maters, Mill District Of The Box		. 9
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: N/A		
N/A		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complacept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	nee dad com, i nevery ex	

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
			□Remove
			□Change
			□ Add
		·	Remove
·			□ Add
			Remove
			□Change
	·		□ Add
			□Remove
			□Change
			□Add
	/		□Remove
			□Change
···			□ Add
			□Remove
			□ Change

	e are only correcting	the misspelling of the	company na	ime from Axe Inv	estiments LLC	
to	a correct new name	: Axe Investments LL	_C			-
we	e misspell the word (I	nvestments) with a le	etter(i)	· · ·		
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m effec ote: If	the date inserted in this	the date of filing: must be specific and canno s block does not meet the e Department of State's	he applicable s	of filing or more th tatutory filing req	(optional an 90 days after filin uirements, this dat	g.) Pursuant to 605.02
ecord :		ctive date, but not an eff	fective time, a	12:01 a.m. on the	earlier of: (b) T	he 90th day after th
	ARCH, 05		20 .			
	1	7				

Filing Fee: \$25.00