

L20000060317

\_\_\_\_\_

(Requestor's Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

\_\_\_\_\_

(Document Number)

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CM  
5/22/20

**TO: Registration Section  
Division of Corporations**

SUBJECT: My Axes Place 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:

Jessica Bickford  
Name of Person

My Axes Place LLC  
Firm/Company

227 Mercado Ave  
Address

Orlando, FL 32807  
City, State and Zip Code

City, State and Zip Code  
Jessrunswild@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 enclos)

**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

**ARTICLES OF ORGANIZATION  
OF**

My Axes Place LLC 2020 MAY -4 AM 8:5

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/17/2020 and Florida document number WZ0000019026 2-24-200

This amendment is submitted to amend the following: 1-20000060317

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

50 E 5th st

Apopka, FL 327

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ , Florida \_\_\_\_\_

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 all provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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

**MGR = Manager**  
**AMBR = Authorized Member**

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN to be added : 84-503

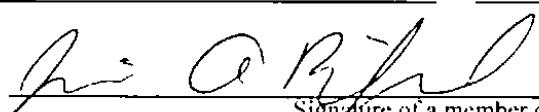
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to

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

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 record is filed.

Dated 4 - 29 . 2020 .



Signature of a member or authorized representative of a member



Jessica Bickford  
Typed or printed name of signee

