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Certified Copies Certificates of Status
Charles Instructions to Filing Officers
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	1 A Xes	Place 1	LC
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joeph My A 250	Name of Person  Xes Place Firm/Company  C 5th 5t  Address	<u>u</u> C
	Apop li-mail address! (t	City/Slate and Zip Code  NY AXES  To by used for future almud report	2703  te Com tnotification)
For further information	concerning this matter, please ca	ail:	
JOSCON_ Name	Lampp of Person	at ( <u>407)</u> Area Code Da	98-9576 Lytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fcc	☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Axes	Place	LLC
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on ( Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number \( \sqrt{20000  9.0 } \)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		702
		70211 DE
		1 
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	,,,	
		<del>2</del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida st	reet 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrq	Jessica Bickford	227 Mercado ave	□Add
J		227 Mercado ave Orlando, Fl 3280	7 Remove
		<u></u>	
			🗆 Add
			□Remove
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cord is filed.	t be specific and cannot book does not meet the	applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.0207 (equirements, this date will not be listed as the
Dated 11/25/	date, but not an effec	ctive time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
	7 - 20	20.	
	4/1/	/	
	~	or authorized representative of	a member

Filing Fee: \$25.00