

h21 000321445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

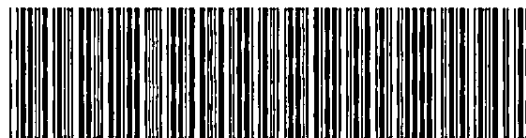
(Business Entity Name)

(Document Number)

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21 NOV 12 PM 3:24

T. MATTHEWS

NOV 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXY Company 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:

Maksim Fishman

Name of Person

AXY Company LLC

Firm/Company

2300 North 23rd Avenue, Suite 1

Address

Hollywood Florida 33020

City/State and Zip Code

axycompany@gmail.com

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

For further information concerning this matter, please call:

Maksim Fishman

305 9153423
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

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

AXY Company LLC

21 JUL 12 PM 3:24

(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 Company were filed on July 14, 2021 and assigned
Florida document number L21000321445.

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

2300 North 23rd Avenue, Suite 1, Hollywood, Florida 33020

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2300 North 23rd Avenue, Suite 1, Hollywood, Florida 33020

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

Maksim Fishman

New Registered Office Address:

3330 NE 190th Street, Apt 910

Enter Florida street address

Aventura


City

Florida 33180

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.

 M.F.
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

<u>Title</u>		<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR		Maksim Fishman	3330 NE Street, Apt 910, Aventura, Florida 33180	<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
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21 Feb 12 PM 3:24

(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 605.0207 (3)(b)

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.


Signature of a member or authorized representative of a member

Maksim Fishman
Typed or printed name of signee

Filing Fee: \$25.00