L21000344665

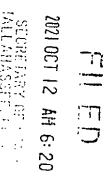
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Divisio	on of Cor	porations				
	XEL LOP	EZ CONSULTING LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return al	l correspo	ndence concerning this matter	to the following:			
		ROBERT SANTOS				
			Name of Person			
		THE SANTOS FIRM PLL	.c			
			Firm/Company			
		PO BOX 622666				
			Address			
		ORLANDO, FL 32862				
			City/State and Zip Code	 		
		rsantos@thesantosfirm.com	to be used for future annual report not	ilication)		
For further info	rmation co	oncerning this matter, please c		,		
Robert Santos			407 4439387			
	Name of	Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a ch	neck for th	e following amount:				
■ \$25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	g Address tration S		Street Address: Registration So	ection		
Divis	ion of C	orporations	Division of Corporations The Centre of Tallahassee			
	Box 632 nassee, F	7 FL 32314		De Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 12 AM 6: 20

AXEL LOPEZ CONSULTING, 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 Liabili Florida document number L21000349665	ty Company were	e filed on <u>08/02/2021</u>	and assigned
This amendment is submitted to amend the followin	តិ:		
A. If amending name, enter the new name of the	limited liability	company here:	
N/A			
The new name must be distinguishable and contain the words	"Limited Liability Co	ompany," the designatio	n "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	. <u>N</u>	'A	
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>-</u>	Α	
Name of New Registered Agent.	re: HE SANTOS FIR:	M PLLC	enter the name of the new registered
New Registered Office Address: 47	4215 LINDY CIRCLE Enter Florida street address		
	DI ANDO	izuer v (ortua street	22027
<u>-</u>	RLANDO	 Citv	, Florida ³²⁸²⁷ 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

Page 1 of 3

(!)

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Remove
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			□Add
			□Remove
			□Chanve

Page 2 of 3

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			·
			
			
. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicat	date of filing or more than 90 de statutory filing requirer	(optional)) days after filing.) Pursuant to 605.0207 (3) ments, this date will not be listed as the
the record specifies a delayed The 90th day after the reco		an effective time, at	12:01 a.m. on the earlier of:
OCTOBER 06	2021		
1	110	1	
	Signature of a member or author	and representative of a mem	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee