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COVER LETTER

TO: **Registration Section Division of Corporations** AXEAXELLC SUBJECT: 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249, #220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	AXE AXE LLC	2022 MAR 16 AM 10: 05
(Name of the Limited I	jability Company as it now appears on our	records)
	<u>dability Company as it now appears on our</u> Florida Limited Liability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{02/23/2022}{2}$	and assigned
Florida document number L22000097012		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
RISE AXE 810 LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		-
Prairing duaress SIAT BE A FOST OF FICE BO		
B. If amending the registered agent and/or regi	stared office address on our records	enter the name of the new register
agent and/or the new registered office address h		the mane of the new regime.
Name of New Registered Agent:		
 		
New Registered Office Address:	Enter Florida street	address
	Cuv	, Florida Zip Code
N D I D I D I D I D I D I D I D I D I D		2297 COM

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
·			
			□Remove
			☐ Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change

If amending any other informa			is, if necessary.)
			
			· <u> </u>
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this hadocument's effective date on the I	lock does not meet the applicabl	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Pursuant to 605,020 ments, this date will not be listed a
e record specifies a delayed effecti rd is filed.	ve date, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
Dated March, 10	2022		
	Carlos Str.		
	Signature of a member or authorize	red representative of a mem	her
	Carlos Sh	uman	
	Evned or printed r		

Filing Fee: \$25.00