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22 APR 15 PH 3: 18

T. MATTHEWS MAY 1 1 2022

COVER LETTER

Registration Section Division of Corporations

TO:

	ELOPERS. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nelson Carmenates		
		Name of Person	
	Carmenates Law Firm PA		
		Firm/Company	
	3905 NW 107 AVE suite 3	304	
	<u> </u>	Address	
	Doral FL 33178		
		City/State and Zip Code	
	nelson@carmenateslaw.con		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Nelson		786 5560228 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sc Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILLED
SECRETARY OF STATE
OLYTSION OF CORPORATIONS

AXIL DEVELOPERS, LLC

22 APR 15 PM 3: 18

(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	and assigned
Florida document number L22000137952		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	_C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>ente</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		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 a 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GRETEL MORERA	3905 NW 107 AVE SUITE 304	■Add
		DORAL FL 33178	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			🖸 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Note:	ive date, if other than the date of filing: [coptional] [coptional]
e reco rd is f	rd 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
Dated	April 11 , 2022
	ME
	Signature of a manufactor anthorized representative of a manufact
	Signature of a member or anthorized representative of a member