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(((H220002176093)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 : (786)713-1940 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

	AX LLC				
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears (on our records.)	·		
The Articles of Organization for this Limited Liability Company Florida document number		FLORIDA	and assigned		
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the des	tenation "LLC" or the ab	breviation "L.L.C."		
	1721 SE 17 ST				
Enter new principal offices address, if applicable:	FORT LAUDERDALE, FL 33316				
(Principal office address MUST BE A STREET ADDRESS)	FORT CACIDER	TARLET I D 322-CV			
Enter new mailing address, if applicable:	1721 SE 17 ST				
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33316				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our red	cords, <u>enter</u> the nan	ne of the new registered		
New Registered Office Address:	Enter Florie	da street address			
		Florida			
	Cay	, Florida			
New Registered Agent's Signature, if changing Registered Agents			OV S		
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of t provided for in C e address, I hereb	my autes, and ram hapter 605, F.S. Or	miled liability P B C C C C C C C C C C C C		

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

17867131940

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MARIEL RIBES	1721 SE 17 ST	□Add
		FORT LAUDERDALE, FL 33316	= Remove
			('hange
			□Add
			TRemove
			□Change
			TIChange
			DRemove
			□Change
			□Add
			□Remove
			□Change

From: TAXLEAF.COM CONTADORMIAMI.COM

H22000217809 3

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ofe:	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen ent's effective date on the Department of State's records.	i) 20 •d a
record Listib	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after jed.	th
ated _	MAY 17TH . 2022	
	Signature of a member or authorized representative of a member	