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## **COVER LETTER**

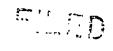
ATX CO C	ROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	INDIRA CEBALLOS		
		Name of Person	
	IC ACOUNTING & FINANCIAL SERVICES LLC  Firm/Company  III E MONUMENT AVE SUITE 501  Address  KISSIMMEE FL 34741  City/State and Zip Code iceballos0718@gmail.com  E-mail address. (to be used for future annual report notification)  information concerning this matter, please call:  EBALLOS  Name of Person  Area Code  Daytime Telephone Number  s a check for the following amount:  Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  alling Address: egistration Section ivision of Corporations  IVI EMALUMENT AVE SUITE 501  Address:  Registration Section ivision of Corporations		
		Ave Sure and Zip Code  Com  Signature annual report notification)  ase call:  407 692-8826  Area Code  Daytime Telephone Number  Street Address:  Registration Section	
	111 E MONUMENT AVE	E SUITE 501	
	INDIRA CEBALLOS  Name of Person  IC ACOUNTING & FINANCIAL SERVICES LLC  Firm/Company  111 E MONUMENT AVE SUITE 501  Address  KISSIMMEE FL 34741  City/State and Zip Code iceballos0718@gmail.com  E-mail address. (to be used for future annual report notification)  ation concerning this matter, please call:		
	KISSIMMEE FL 34741		
		City/State and Zip Code	
	<del>-</del> -		
		·	dication)
For further information c	concerning this matter, please c	all:	
INDIRA CEBALLOS		407 692-8826	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction
P.O. Box 632			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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



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ATX CO GROUP LLC		SECRET	15 0 = · = -
ATX CO GROUP LLC  (Name of the Limited Liability Com (A Florida Limite	ipany as it now appears ed Liability Company)	s on our records.)	EE, FL
The Articles of Organization for this Limited Liability Compared Florida document number L22000336551			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	signation "LLC" or the ab	breviation "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 offic agent and/or the new registered office address here:	e address on our re	cords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	Zip Code
N. B. L. J.	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<del></del>		
I hereby accept the appointment as registered agent and a	gree to act in this c	apacity. I further agi	ee to comply with t

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 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

AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
AMBR	AUTOMEX S.A.S.	CARRERA 31 A N 9-52	<b>=</b> Add		
		BOGOTA D.C. COLOMBIA 111611	□Remove		
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ffective date, if other than the da	te of filing:		//	untional)	
an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department.	specific and cannot be predoes not meet the app	olicable statutory	or more than 90 days	optional) after filing.) Pursuant to this date will not be	605.0207 ( listed as t
record specifies a delayed effective da I is filed.	te, but not an effectiv	c time, at 12:01 a	ı.m. on the earlier o	f: (b) The 90th day a	fter the
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