

11/7/23, 12:28 PM

Division of Corporations

L22003484721

Florida Department of State  
Division of Corporations  
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AXIS ELEVATOR LLC

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

AXIS ELEVATOR 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 Liability Company were filed on 11/15/2022 and assigned  
Florida document number L22000484721.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4990 SW 52ND ST

STE: 204

DAVIE, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4990 SW 52ND ST

STE: 204

DAVIE, FL 33314

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHANGE OF ADDRESS

New Registered Office Address:

4990 SW 52ND ST STE: 204

Enter Florida street address

DAVIE

Florida 33314

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 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

Title	Name	Address	Type of Action
AMRR	OSMANI DARIAS	4990 SW 52ND ST STE: 204	<input type="checkbox"/> Add
		DAVIE, FL 33314	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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