## L23000084975

Office Use Only



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ALLAHASSEE, FLORIDA

023 OCT 17 PM 2: 50

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Audax Gro	pup				
30b)EC1.	Name of Lin	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing			
	ondence concerning this matter	_			
	Michael Kirshtein				
	<del></del>	Name of Person			
	Audax Group				
		Firm/Company			
	7901 4th Street North				
		Address			
	St Petersburg, Florida 337	02			
		City/State and Zip Code			
	info@audaxgroup.pro				
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Michael Kirshtein		386 3348915 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount;				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Street Address:	vion		
Mailing Address: Registration Section Division of Corporations		Registration Se Division of Cor			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Audax Group LLC	2023 OCT 17 DO
(Name of the Limited	2023 OCT 17 PM 2: 51 A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	FALL AHASSE - 1 - SILTE
Florida document number <u>L2</u> 3000089975	·
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ON)
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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 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>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	Alberto Ferreiras Casteleiro	7901 4th Street Nort	□Add
		St Petersburg, FL 33702	■Remove
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		<del></del>	□Remove
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		<del></del>	□Remove
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ctive date, if other than the effective date is listed, the date mu	<ul> <li>date of filing:</li> <li>st be specific and cannot be principle.</li> </ul>	or to date of filing or mor	(opuc e than 90 days after	<b>mat)</b> tiling.) Pursu	ant to 605.0
2 If the date inserted in this blument's effective date on the D	lock does not meet the app	licable statutory filing	requirements, this	date will n	ot be listed
mient a crieerive date on the D	epartited of state 5 record				
ord specifies a delayed effective	re date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b	) The 90th	day after
filed.					-
	0.122				
October 6	2023	·			
	Kirshtein				
	Signature of a member or au	thorized representative of	f a member		