

# L23000262497

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H240002701613)))



H240002701613400X

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING TAX PRO GROUP LLC  
Account Number : 120220000157  
Phone : (407)377-7752  
Fax Number : (407)413-8813

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AJX PARTNERS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$30.00 |

K. SALY

AUG 13 2024

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2024 AUG 12 AM 4:24  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 AUG 12 PM 3:51  
AJX PARTNERS LLC

## COVER LETTER H24000270161 3

TO: Registration Section  
Division of Corporations

SUBJECT: AIX PARTNERS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

ANA C BUENDIA HERNANDEZ  
Name of Person  
Firm/Company  
9418 WESTSIDE HILLS DR  
Address  
DAVENPORT, FL 33896  
City/State and Zip Code  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA C BUENDIA HERNANDEZ  
Name of Person  
305 491-8174  
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240002701613

AJA PARTNERS 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 05/30/2023 and assigned

Florida document number 123000262497

The amendment is submitted to amend the following:

3. 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8. 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:

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 Changing Registered Agent, Signature of New Registered Agent

H240002701613

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

MEMR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-------------------------|------------------------|--------------------------------------------|
| MEMR         | ANA C BUENDIA HERNANDEZ | 9418 WESTSIDE HILLS DR | <input type="checkbox"/> Add               |
|              |                         | DAVENPORT, FL 33896    | <input checked="" type="checkbox"/> Remove |
|              |                         |                        | <input type="checkbox"/> Change            |
| MEMR         | JORGE A ZAPATA VERGEL   | 9418 WESTSIDE HILLS DR | <input type="checkbox"/> Add               |
|              |                         | DAVENPORT, FL 33896    | <input checked="" type="checkbox"/> Remove |
|              |                         |                        | <input type="checkbox"/> Change            |
| MEMR         | AIX PARTNERS LTD        | 9418 WESTSIDE HILLS DR | <input checked="" type="checkbox"/> Add    |
|              |                         | DAVENPORT, FL 33896    | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |

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4. If amending any other information, enter change(s) here: (attach additional sheets, if necessary.)

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FEDERAL BUREAU OF INVESTIGATION  
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing, \_\_\_\_\_ (specify date).  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 2015 C.D. 07 (C.D.B),  
 the date of filing for this application is \_\_\_\_\_.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

it instead 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 rule is filed.

Chaired

12 August 2024

Signature of a member or authorized representative of a member

ANA C. BUENDIA HERNANDEZ

Typed or printed name of signer

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Filing Fee: \$25.00