

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000309353

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To:

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

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

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

Email Address: PrimeincomeTaxLL@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AXION PREMIUM INVESTMENTS USA LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXION PREMIUM INVESTMENTS USA 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:

RAFAELA NUNES VIEIRA

Name of Person

PRIME INCOME TAX AND ACCOUNTING LLC

Firm/Company

23269 STATE ROAD 7 SUITE 119

Address

BOCA RATON - FL - 33428

City/State and Zip Code

PRIMEINCOMETAX1@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA NUNES VIEIRA

561 409-3106
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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

AXION PREMIUM INVESTMENTS USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/28/2023 and assigned
Florida document number L23000309353.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TIAGO CASTRO	4040 MARINA WAY	<input type="checkbox"/> Add
		DEERFIELD BEACH - FL - 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LM ONE REAL STATE INVESTMENTS LLC	4040 MARINA WAY	<input type="checkbox"/> Add
		DEERFIELD BEACH - FL - 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DANIEL PHILIP DE MOURA	QUADRA 16 CONJUNTO C CASA 22,	<input checked="" type="checkbox"/> Add
		SOBRADINHO - DF - BRAZIL - CEP 73050163.	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DATE 11/19/2024 BY SP-10/2024

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

PLEASE TO REMOVE MEMBERS: TIAGO CASTRO AND LM ONE REAL STATE INVESTMENTS LLC

AND ADD A NEW PATNERS: DANIEL PHILIP DE MOURA

THANK YOU!

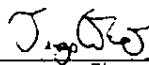
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E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 10/28/24, _____._____
Signature of a member or authorized representative of a member

TIAGO CASTRO

Typed or printed name of signer**Filing Fee: \$25.00**