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(((H24000360304 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAST COAST MULTISERVICE INC

Account Number : I20230000142 Phone : (305)631-2190 : (786)713-1965 Fax Number

fiter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AXIONOVA LLC

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K. SALY

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



	AXIONOVA LLC	and )	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our red da Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability	Company were filed on AUGUST 12,	2024 and assigned	
Florida document number <u>1.24000354213</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	inited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registered	
agent androy the new registered office address nere.	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florido street address		
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Register	ed 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

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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	Type of Action
MGR	PATINO ROA, CAROLINA	1470 NE 123RD ST APT 1415	□Add
		MIAMI, FL 33161	■Remove
			□Change
MGR	TRIANA RAMIREZ, JUAN CAMILO	1470 NE 123RD ST APT 1415	<b>=</b> Add
		MIAMI, FL 33161	□Remove
			□Change
			🗆 Add
		<del> </del>	TANGE TO SECURE
			ELCRETTORIGE PH 3: 34 SSEE. FLORIGE SSEE. FLORIGE
			OR Gremove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			7.0

From East Coast Multiservice Inc.

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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the app	licable statutory filing	requirements, this date	) Pursuant to 605.0207 (3)(b) will not be listed as the
e record specifies a delayed effective rd is filed	date, but not an effective	e time, at 12:01 a.m. c	n the earlier of: (b) TI	oe With day after the
OCTOBER 24TH	2024			
	+ 610	<u></u>	of a member	

Typed or printed name of signee