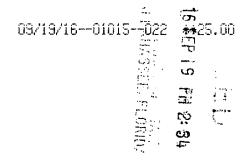
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· (R	equestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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SEP 2 0 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AXIAL INVESTMENT GROUP, LLC
Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GRISEL CALDERO
Name of Person
LAW OFFICE OF VALERIA SCHVARTZMAN PA
Firm/Company
12550 BISCAYNE BLVD, STE 406
Address
NO MIAMI, FL 33181
City/State and Zip Code
valeria@schvartzmanlaw.com
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
ORISEL CALDERO Name of Person at (305) 974-0114 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*} \text{\$\text{\$\text{Enclosed}} \text{ is a check for the following amount:} \\ \$\begin{align*} \text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\$\$\$\$}\$}\$}}\$}}\$}}}}}}} \end{lengthetation}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State: AXIAL INVESTMENT GRO		
Enter new principal office address, if applicable:	N/A	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
2. The Florida document number of this limited liz	ability company is: M16000	002711
3. Jurisdiction of its organization: STATE O	F DELAWARE	
4. Date authorized to do business in Florida: 03/	/31/2016	
4. Date authorized to do business in Florida: 03/	/31/2016	
4. Date authorized to do business in Florida: 03/ SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:	/31/2016 changes) N/A	
4. Date authorized to do business in Florida: 03/65ECTION II (5-9 complete only the applicable 5. New name of the limited liability company:	/31/2016 changes)	mpany, " "L.L.C., "or "LLCS)
4. Date authorized to do business in Florida: 03/ SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:	/31/2016 changes) N/A It contain "Limited Liability Contain "Limited Liability Contain "Limited Liability Contain aging members adopting the all "Li" or "LLC.")	nusiness in Florida and attach a iternate name. The alternate name
Date authorized to do business in Florida: 03/ SECTION II (5-9 complete only the applicable New name of the limited liability company: (mus) If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.C.C. If amending the registered agent and/or registered.	/31/2016 changes) N/A It contain "Limited Liability Contains and	nusiness in Florida and attach a iternate name. The alternate name
4. Date authorized to do business in Florida: 03/ SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: (musicable only of the written consent of the managers or manust contain "Limited Liability Company," "L.L.Co. If amending the registered agent and/or registered egistered agent and/or the new registered office and	/31/2016 changes) N/A It contain "Limited Liability Contains and	nusiness in Florida and attach a iternate name. The alternate name
4. Date authorized to do business in Florida: 03/ SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: (mus (If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.Co. (5. If amending the registered agent and/or registered agent and/or the new registered office acceptance of New Registered Agent: N/A	/31/2016 changes) N/A If contain "Limited Liability Contain "Limited Liability Contain "Limited Liability Contains acting to the purpose of transacting the algument of the purpose of transacting the algument of the purpose of transacting to the purpose of transacting the algument of the algume	pusiness in Florida and attach a lternate name. The alternate name of the new co
4. Date authorized to do business in Florida: 03/ SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: (mus (If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.Co. (5. If amending the registered agent and/or registered agent and/or the new registered office acceptance of New Registered Agent: N/A	/31/2016 changes) N/A If contain "Limited Liability Contain "Limited Liability Contain "Limited Liability Contains acting to the purpose of transacting the algument of the purpose of transacting the algument of the purpose of transacting to the purpose of transacting the algument of the algume	nusiness in Florida and attach a iternate name. The alternate name

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.

Name	Address Type of Ac
MGR CUBIZ LLC	12250 BISCAYNE BOULEVARD, SUITE 406
	NORTH MIAMI, FL 33181
CASTRO, TOMAS	12250 BISCAYNE BOULEVARD, SUITE 406
	NORTH MIAMI, FL 33181
	Add
·	Ren
	Add
	Rem
	CUBIZ LLC