Division of Corporations

Thorida Department of State Division of Corporations Hectronic Filing Cover Sheet

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	Division of Corporations Fax Number : (850)617-6383	<u> </u>
	: RX	<u> </u>
From:		
. ,	Account Name : JAM MARK LIMITED	
	Account Number : F2000000112	- <u>`</u> . •
	Phone : (305) 789-7758	
	Fax Number : (305) 789-7799	C.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAZKAPP, LLC

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Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2017

TAZKAPP, LLC 11900 BISCAYNE BLVD, #808 N MIAMI, FL 33181

SUBJECT: TAZKAPP, LLC REF: M17000001180



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H17000193307 Letter Number: 617A00014955

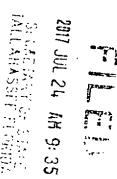
PLEASE SEE ATTACHED NAME CHANGE AMENDMENT AND GOOD STANDING CERTIFICATE FROM HOME STATE.

PLEASE USE ORIGINAL FAX DATE OF 7/24/17.

THANK YOU!

P.O BOX 6327 - Tallahassee, Florida 32314

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(((H17000193307 3)))

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)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: TAZKAPP, LLC	
Enter new principal office address, if applicable.	
(Principal office address	11900 Biscayne Blvd., Suite 808
MUST BE A STREET ADDRESS)	Miami, FL 33181
Enter new mailing address, if applicable:	11900 Biscayne Blvd., Suite 808
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 331881
2. The Florida document number of this limited his	ability company is: M17000001180
	مستر بهرا مرا
Jurisdiction of its organization: DELAWAI Date authorized to do business in Florida: FE	BRUARY 7, 2017
5. New name of the limited liability company:	AXEE, LLC
5. New name of the limited flability company: (mus	st contain "Limited Liability Company, " "L.L.C.," or "LUC.") ω
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or maintent contain "Limited Liability Company." "L.L.	d for the purpose of transacting business in Florida and attach a imaging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new
Name of New Registered Agent	
New Registered Office Address:	Enter Florida Street Address
	. Horida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this g in the registered office address, I hereby confirm that the limited
- It (Changing Registered Agent, Signature of New Registered Agent

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. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Nama</u>	Vqqtasa	Type of Action		
			Add		
			Remove		
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aforementioned an	icate, if required: no more than selected in the selected in the selected in the selected in the selected is only in the selected in the selec	by the official having custody of records in the	L 24 HASSEE		
	Signature	of the authorized representative	AH 9:		

Filing Fee: \$25.00 4



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENIMENT OF "TAZKAPP, LLC", CHANGING ITS NAME FROM "TALKAPP, LLC" TO "JAKEE, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2017, AT 2:48 O'CLOCK P.M.

5.



Authentication: 202941266

Date: 07-25-17

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF TAZKAPP, LLC

| State of Defination | Secretary of State |
| Division of Corporation |
| Delicent | 02:45 PM 07/24/2017 |
| FHLED | 02:48 PM 07/24/2017 |
| SR | 20175381080 | File Number | 0280707

٤,

- 1. The name of the limited liability company is TazkApp, LLC (the "Company").
- 2. The Certificate of Formation of the Company is hereby amended by deleting in its entirety Article 1 of the Certificate of Formation and substituting it to read as follows:

"FIRST: The name of the limited liability company is Jaxee, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 24th day of July, 2017.

Ami Shashous Authorized Person

#52859062_v1



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JAKEE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JAKEE, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202941354

Date: 07-25-17

6280707 8300 SR# 20175391970

You may verify this certificate online at corp.delaware.gov/authver.shtml