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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number ; I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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AXON SERVICES LLC

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T. LEMIEUX

AUG 1 2 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF AXON SERVICES LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 12/12/2016 and assigned Florida document number: L16000224211

Article I

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."

Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

7041 GRAND NATIONAL DR STE 128A, ORLANDO FL 32819

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

7041 GRAND NATIONAL DR STE 128A, ORLANDO FL 32819

Article IV

B. If amending the registered agent and/or registered office address on our records, enter the contains and of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

	ng Authorized Person(s) au ing added or removed fror	thorized to manage, enter the title, nan m our records:	ne, and address of each	
MGR = Manager AMBR = Authorized Member				
Title	Name	Address	Type of Action	
C. If amer	nding any other informat	don, enter change(s) here: (Auach addi	itional sheets, if necessary.)	
_				
(The effective	ctive date must be specif	the date of filing: (optional) fic, cannot be prior to date of receipt of this document is filed by the Florida I		
DATED:	August 04	2022•		
	Aod-	7		

Signature of a member or authorized representative of a member

Sirlei M Stocchero / AMBR Typed or printed name of signee