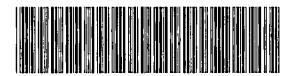
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TO: Registration Section Division of Corporations Axiom Contracting Group, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sheryl Miller Name of Person Axiom Contracting Group, LLC Firm/Company 920 Wekiva Springs Road, POBOX 916761 Address Longwood, FL 32779 City/State and Zip Code smiller@axiomcontracting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sheryl Miller Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

	mpany as if now appears on our records.) ited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{\cancel{\textbf{L}} \cdot 1/6000 \cdot \cancel{23383}$	-	and assigned
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 I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		the abbreviation "L.L.C."
Enter new mailing address, if applicable:	920 Wekiva Springs Road. P O BOX 916761	SECRE!
(Mailing address MAY BE A POST OFFICE BOX)	Longwood, FL 32779	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	Cuh	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 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
Officer	Frederick Reinwald		
		920 Weniva S PO Box 916 T LONGWOOD FL	PRNS 5 Rd 261 = Remove 32779
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Sote: If the date inserted in	n the date of filing: te must be specific and cannot be phis block does not meet the apthe Department of State's reco	plicable statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	nt to 605.0207 t be listed as
record specifies a delayed e I is filed.	Tective date, but not an effecti	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th o	lay after the
Pated July 29	2022 Jan War	authorized representative of a m		 -
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Filing Fee: \$25.00