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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
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APR 13 2015 S. YOUNG

COVER LETTER

•	gistration Se vision of Cor			٠		,
OUD IF OT	First Price	ority Solutions LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Brian Jenkins				
•			Name of Person			
		Axiom Investigative	Solutions, LLC			
			Firm/Company			
		15751 Switch Cane	St			
		 · 	Address		-1 ₍₁₎	
		Clermont, FI 34711				
			City/State and Zip Code			
		Bjenkins388@gmail.			< α	1
		E-mail address: (to be used for future annual report notific	ation)	上海 華	
For further in	nformation c	oncerning this matter, please ca	all:			
Brian Jer	nkins		754 224-8362		5m 8	
	Name o	f Person	Area Code Davtime	l'elephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
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nation "LLC" or the abbreviation "L.L.C."
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records, enter the name of the ne
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, Florida
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
		••••	□ Add
		<u></u>	□ Remove
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he effective date must be specific, cannot be prior to date of rec	
The effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of State March 13	exipt or filed date and cannot be more than 90 days after tee)
The effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of Star Dated March 13	exipt or filed date and cannot be more than 90 days after te)
Dated March 13	exipt or filed date and cannot be more than 90 days after tee)

Page 3 of 3

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Filing Fee: \$25.00