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T. HAMPTON

## **COVER LETTER**

Divi	sion of Corp	orations		
SUBJECT:	Axon Group	LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Loren J Ball		·
			Name of Person	<del></del>
		Axon Group LLC		
			Firm/Company	
		5112 Coronodo Ridge		
			Address	
		Boca Raton, FL 33486		
			City/State and Zip Code	<u> </u>
		loren.ball@axondevgroup.co		
		E-mail address: (1	to be used for future annual report notific	cation)
For further in	formation co	ncerning this matter, please ca	dl:	
Loren J Ball			516 313-5037	
	Name of	Person .		Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

Axon Group LLC					
(Name of the Limited Liability Compa (A Florida Limited l	inv as it now appears on o Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company		15	and assigned		
Florida document number L1500073798 L150000	573798				
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 Liabi	lity Company," the designs	ation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			300 d		
		· · · · · · · · · · · · · · · · · · ·	S S S S S S S S S S S S S S S S S S S		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
			DRIDE ORION		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our <u>'e</u> :	records, <u>ente</u>	r the name of the nev		
Name of New Registered Agent:	<del></del>				
New Registered Office Address:					
	Enter Florida st	reet address			
		, Florida _	g: 0.1		
Nam Baring and Amenda Circum and	City		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 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
MGR	Yurii Kravchenko	Voskresenskaya 14b	Add
		Appartment 342	Remove
		Kiev Ukraine 02125	☐ Change
			Add
		· .	Remove
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Effective date if other	the date must be specific d in this block does no	and cannot be prior to date	of filing or more than 90 da atutory filing requiremen	ys after filing.) Pursunts, this date will no	ant to 605 0207 ot be listed as
Effective date, if other If an effective date is listed, Note: If the date inserte document's effective date					
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Filing Fee: \$25.00