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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Axum Solutions LLC 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: |
| Antonio S. Wilson Name of Person |
| Axum Solutions LLC |
| 401 E. Jackson St. 2340 |
| Tampa FL 33602 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Antonio S. Wilson Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied Copy (cadditional copy is enclosed) |

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

| Axum Solu | tions LLC | | |
|--|---|---------------------------------|----------------------|
| (<u>Name of the Limited Liabi</u> (A Floric | lity Company as it now app la Limited Liability Compan | ears on our records.) y) | |
| The Articles of Organization for this Limited Liability of Florida document number <u>L / (6 000 / 7 (6 7)</u> | Company were filed on <i>LO</i> . | 9-21-16 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company | here: | |
| | | | |
| The new name must be distinguishable and contain the words "Lie | mited Liability Company," th | ie designation "LLC" or the abb | oreviation, "L.L.C." |
| Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | RESS) | | • |
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| Catanaga wa ilima addaga if annii ashla. | | | پي |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | <u>ာ</u> |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ado | | on our records, enter | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter i | Florida street address | |
| | | Florida | |
| | 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 Stanley B. Hill JR 27896 Bonterra Loop pradd Wesley Chapel Fl 335244 "Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove _□ Change □ Remove _□ Ĉhange ₽₿₽□ ☐ Remove _____ Change

| Signature of a member of authorized representative of a member Antonio S. Witson Typed or printed name of signee | If amending any other information, enter change(s) here: (Attach additional sheets, if neces | isary.) |
|--|--|----------------------|
| Tective date, if other than the date of filing: 1-9-2018 (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.02 to the filing of the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.02 to the filing in the filing of the date will not be listed a terminate of the specific and cannot be prior to date of filing requirements, this date will not be listed a terminate of the specific and cannot be prior to date of filing requirements, this date will not be listed a terminate of the specific and the spe | Ownership of the Compeny is Split | - |
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Filing Fee: \$25.00