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D. SCOTT MAR 1 3 2017

COVER LETTER

Division of Co	rporations			
SUBJECT: _	AXIOM CONSU	LTING ENGINEERS, LLC		
SUBJECT.	Name of Lin	nited Liability Company	10.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHAEL L JACIUK			
		Name of Person		•
	AXIOM CONSULTING	ENGINEERS, LLC		
		Firm/Company		-
	5304 W. KENNEDY BLV	/D.		
		Address		
	TAMPA, FL 33609			
	MICHAEL.JACIUK@GM	City/State and Zip Code AIL.COM	T-1	•
	E-mail address: (to be used for future annual rep	oort notification)	
For further information c	oncerning this matter, please c	all:		
MICHAEL	L JACIUK	727 at ()	212-7051	
Name of Name o	f Person		Daytime Telephone Number	- 第 TEL
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &

TO:

Registration Section

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

AX	IOM CONSULTING	ENGINEERS,	LLC	
(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited L		vere filed on	JANUARY 30, 2017	and assigned
Florida document numberL17000023252	<u>·</u>			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ity company h	ere:	
NA				
The new name must be distinguishable and contain the v	vords "Limited Liability	y Company," the c	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	NA		
Principal office address MUST BE A STREE	ET ADDRESS)	 		
		N. 4		
Enter new mailing address, if applicable:		NA		
Mailing address MAY BE A POST OFFICE	BOX)			
				,
3. If amending the registered agent and registered agent and/or the new registered of		ce address on	our records, enter	the name of the
Name of New Registered Agent:	REMAINS UNC	HANGED (MIC	HAEL L JACIUK)	
New Registered Office Address:	5304 W. KENNE		(CORRECTED STREE	ET N M MBER)
		Enter Flor	rida street address	氢 善 工
		ГАМРА	, Florida	-33609
		City	•	Zip Colle

New Registered Agent's Signature, it 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>	<u>Address</u>	Type of Action
MGR	MICHAEL L JACIUK	5304 W. KENNEDY BLVD.	Add
		207	☐ Remove
		TAMPA, FL 33609	Change
AMBR	MICHAEL L JACIUK	5304 W. KENNEDY BLVD.	⊒ Add
		207	□ Remove
		TAMPA, FL 33609	Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			□ Add
			Remove Change
			Change O
			☐ Add Remove
			☐ Change

ENGIN	FERS LLC MICHAELL	JACIUK SHALL MANAGE, DIRECT, AND HAVE CONTROLLING
· CHOIN	· · · · · · · · · · · · · · · · · · ·	JACION SHALL MANAGE, DIRECT, AND HAVE CONTROLLING
AUTHO	ORITY OVER ALL BUISNE	ESS FACETS; FACETS SHALL INCLUDE BUT ARE NOT LIMITED TO
EXECU	TIVE, FININCIAL, ADMIN	NISTRATIVE, TECHNICAL, AND OPERATIONAL BUISNESS.
	<u> </u>	
	_ -	
		
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t ive date Tective da	e, if other than the date of the is listed, the date must be sneed	f filing: (optional) cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
If the da	ate inserted in this block does fective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be liste
icin s cii	receive date on the Departite	int of State's records.
cord sp	ecifies a delaved effect	tive date, but not an effective time, at 12:01 a.m. ithe earlie
90th o	day after the record is	filed.
	MARCH 8	2017
	WANCE 8	re of Amember or authorized representative of a member
	n.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00