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COVER LETTER

Divi	sion of Corpo	rations			
SUBJECT:	Axiom Acqui	sitions Ventures, LLC			
oomber.		Name of Limit	ted Liability Company		<u> </u>
'C1 1 1	4 - 2 1 2 4				
The enclosed	Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	ence concerning this matter to	o the following:		
		Roger Knauf			
			Name of Person		
		Full Circle Financial Service	es, LLC		
			Firm/Company		
		12425 Race Track Rd. Suite	100		
			Address		
		Tampa, FL 33626			
			City/State and Zip Code	<u>-</u>	
	-	jennaw@fullcirclefs.com			_
		E-mail address: (to	be used for future annual re	port notification)	
For further inf	formation conc	erning this matter, please cal	l:		
Jenna Wilmes	3		727 7244 at ()	1200	
	Name of Pe	rson	Area Code	Daytime Telephone Nur	nber
Enclosed is a	check for the f	ollowing amount:			
□ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Sed) Certi	O Filing Fee. ficate of Status & fied Copy ional copy is enclosed)

MAILING ADDRESS:

то:

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

Axiom Acquisitions Ventures, LLC		
(Name of the Limited Lial (A Flo	hility Company as it now appears on our orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L18000047727	y Company were filed on <u>02/22/2018</u>	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Axiom Acquisition Ventures, LLC		
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS A	gistered office address on our rec	HAR -2 PH 2: 54
Name of New Registered Agent: New Registered Office Address:	Enter Florida street o	
	Enter Prortati Mreet (auress
	Cin	Florida Zip Code
New Registered Agent's Signature, if changing Registe	•	Eq. One
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this capacity. I complete performance of my dutie I agent as provided for in Chapter (ered office address, I hereby confir	s, and I am familiar with and 605. F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
			
			Remove
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			D Add
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ote: If the date inserted in this bloo ocument's effective date on the Dep e record specifies a delayed	be specific and cannot be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirement artment of State's records. Description of the state of the statutory filing requirement of State of the stat	nts, this date will not be listed a
The 90th day after the reco		
nted February 27th	2018	M. 2
(X)		2018 H
<u> </u>	ignature of a member or authorized representative of a member	HAR BAR
	·	\$ 2 F
Roger Knauf		- TO P
	Typed or printed name of signee	2:54
	Dog 2 of 2	∌"″ अ

Page 3 of 3

Filing Fee: \$25.00