## 118000184345

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(Ad	dress)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF STATE OF CORPORATION

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## COVER LETTER .

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CLID	1 F CYF	AXIOS HOL	DINGS LLC				
SUBI	JECT:		Name of Lim	ited Liability Company			
The e	nclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	e return	all correspond	lence concerning this matter	to the following:			
			Clarence H. Houston, Jr.				
				Name of Person			
			Taylor, Stewart, Houston,	& Duss, P.A.			
				Firm/Company			
			1050 Riverside Avenue				
				Address	<del></del>		
			Jacksonville, FL 32204				
				City/State and Zip Code	<u> </u>		
			chouston@tshd-law.com	to be used for future annual report	notification)		
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rorn	urtner in	tormation con	cerning this matter, please ca	111;			
Clare	ence H. I	Houston, Jr.		904 354-9000 at ()	) X223		
		Name of F	Person	Area Code Day	rtime Telephone Number		
Enclo	sed is a	check for the	following amount:				
<b>■</b> \$	25.00 Fi	ling 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: 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

(Name of the Limited Liability Company as A Florida Limited Liability (A Florida Limited Liability)  The Articles of Organization for this Limited Liability Company were Florida document number L18000186345		and assigned
	filed on August 3, 2018	and assigned
Florida document number £18000186345		and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability c	ompany here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		24.77
· · ·	06 INGLESIDE AVE	101VS
	CKSONVILLE, FL 32205	AUG
<del></del>		<del>-</del> 역자
nter new mailing address, if applicable:		<b>1 C</b>
Mailing address MAY BE A POST OFFICE BOX)		
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		<del> </del>

## 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>	<u>Address</u>	Type of Action
MGR	Kimberlyn Suitte	1406 INGLESIDE AVE	
		JACKSONVILLE. FL 32205	□ Remove
			■ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
		****	Add
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record specifies The 90th day afte			ut not an ef	fective time,	at 12:01 a	a.m. on th	e ear	lier o
August /	3	: 2018	<b>f</b>	$\sim$				
	Signatu	ire of a member of	r authorized rep	resentative of a n	nember		<del>-</del>	

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Filing Fee: \$25.00