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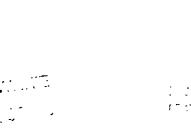
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Special Instructions to	Filing Officer:	

Office Use Only



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# Kendra Morris 1012 Mitscher Dr. Key West, FL 33040 Tel. 786-438-3177

Email: axiomfieldservices@gmail.com

April <u>/5</u>, 2019

### VIA Express Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document Filings for Axiom Field Services, LLC

Dear Sir or Madame:

I have enclosed the following documents for filing along with a check in the amount of \$25.00 for the necessary filing fee:

The original of the Cover Letter and Articles of Amendment to Articles of Organization of **Axiom Field Services**, **LLC**.

Your attention to this matter and assistance are greatly appreciated.

Sincerely,

Kendra Morris

# **COVER LETTER**

Division of Corporations  Axiom Field Services, 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:  Kendra Morris  Name of Person  Axiom Field Services, LLC  Firm/Company  1012 Mitscher Dr.  Address  Key West, FL 33040  City/State and Zip Code  axiomfieldservices@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
SURIFCT.	Axiom Fiel	d Services, LLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kendra Morris		
		·	Name of Person	
		Axiom Field Services, LLC		
			Firm/Company	
		1012 Mitscher Dr.		
		-	Address	
		Key West, FL 33040		
		axiomfieldservices@gmail.		
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	iformation c	oncerning this matter, please co	all:	
Kendra Morr	ris		786 438-3177	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>⊠ \$</b> 25.00 F	iling Fœ	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

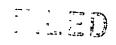
**MAILING ADDRESS:** Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

2019 ATT 19 PM 1: 40

Axiom Field Services, LLC		-1 NE
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	· · · · · · ·
he Articles of Organization for this Limited	Liability Company were filed on 11/06/2018	and assigned
orida document number L18000258976		
nis amendment is submitted to amend the fo	ollowing:	
If amending name, enter the new name	of the limited liability company here:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appl	ticable:	
rincipal office address MUST BE A STRE	EET ADDRESS)	
nter new mailing address, if applicable: <u>Mailing address MAY BE <b>A POST OFFIC</b>A</u>	E BOX)	
. If amending the registered agent an gistered agent and/or the new registered	d/or registered office address on our records, ente office address here:	er the name of the
Name of New Registered Agent:	Kendra Morris	
New Registered Office Address:	Enter Florida street address	
	M	
	, 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.

1 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			
AMRR = Authorized Member	MGR = Manager		
	AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kendra Morris	1012 Mitscher Dr.Key West, FL 33040	<b>&amp;</b> Add
			Remove
			Change
MGR	Joe Roberts	1012 Mitscher Dr.Key West, FL 33040	
			■ Remove
			☐ Change
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ective date, if other than the effective date is listed, the date me: If the date inserted in this burnent's effective date on the l	ist be specific and cannot lock does not meet	ot be prior to date o the applicable stat	filing or more than 90 utory filing requiren	(optional) days after filing.) Pursuant to nents, this date will not be	605.020 listed a
record specifies a delayene 90th day after the re	d effective date cord is filed.	, but not an ef	fective time, at	12:01 a.m. on the ea	rlier (
ed April 12	20	)19 			
Kenarer	Marris				
•	Amount of a mand	ar or authorized and	resentative of a memb	er .	

Page 3 of 3

Filing Fee: \$25.00

### Kendra Morris 1012 Mitscher Dr. Key West, FL 33040 Tel. 786-438-3177

Email: axiomfieldservices@gmail.com

April <u>15</u>, 2019

### VIA Express Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Sincerely,

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