

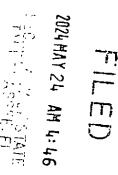
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COVER LETTER

TO: Registration So Division of Cor			
SHRIECT: N	icholas M. B	anks, LLC	
	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Niche	olas M. Bank	5
		Name of Person	<u> </u>
	<u> </u>	Firm/Company	
	364 SW	132 md Ter.	
		Address	
	Newberry	FL 3266 City/State and Zip Code	9
	nick ban	KS352 @gMai	I - Com
For further information of	concerning this matter, please c		TXXXIII
Nicholas	M. Banks	at (352) 682 Atea Code Daytim	-3700
Name (of Person	Area Code Daytim	e Felephone Number
Imclosed is a check for t	he following amount:		
✓ \$25.00 Filing 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicholas M. Bank	•			
(Name of the Limited Liability Comp (A Florida Limited	a <mark>ny as it now appears on a</mark> Thability Company)	our records,)		
The Articles of Organization for this Limited Liability Compander 1900047632	y were filed on1	10/2019	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia				
Axia Commercial Real the new name must be distinguishable and contain the words "Limited Liah	el Estate,	LLC		
he new name must be distinguishable and contain the words "Limited Liab	ollity Company." the designa	tion "LLC" or the abbr	eviation "L.I	C."
Enter new principal offices address, if applicable:			2024 MA	
Principal office address MUST BE A STREET ADDRESS)		·= : .	H -	n
		700	2 _t	 -
		00 TO C	r	77
Enter new mailing address, if applicable:		т. Тог	AH (ブ
		11 7 m	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		ni	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name</u>	of the new	<u>reg</u> istered
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida su	veet 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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Page 2 of 3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	(optional) - prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 pplicable statutory filing requirements, this date will not be listed as cords. It not an effective time, at 12:01 a.m. on the earlier of	ffective date, if other than the date of filing:
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Dated 5 21 2024	·	-1 . 1
en e		ated 5 21 2024
W.B.		Mil.B
Signature of a member or authorized representative of a member	authorized representative of a member	Signature of a member or authorized representative of a member