# L19000061892

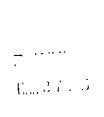
(F	Requestor's Name)
(A	address)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(É	Business Entity Name)
([	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

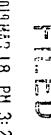


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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AXIOS ADMINISTRATIVE 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:
Name of Person
Firm/Company
670 SCENIC HWY
PENSACOLA FL. 32503  City/State and Zip Code
4-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 493-3656  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature

#### 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

FILED

Name of the Limited Liability Company as it now appears on our records. TALL IN CEET TALL IN CEE	AXIOS ADMINISTRA	TIVE SERVIN	2019 KAR 18 PH 3: 20
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our rec</mark> o Liability Company)	TALL: IA SEE, FL
A. If amending name, enter the new name of the limited liability company here:    A	The Articles of Organization for this Limited Liability Company Florida document number <u>L190006189</u> 2	were filed on MAIZCH	4 2019 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	This amendment is submitted to amend the following:		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:	λ		Let or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	• • •		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	(Principal office address MUST BE A STREET ADDRESS)		
Name of New Registered Agent:  New Registered Office Address:			
New Registered Office Address:			rds, enter the name of the new
	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street add	ress
, Florida			

#### 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
	<del></del>		Add
			Remove
		<del></del>	Change
			Remove
			Change
			□ Remove
			Change
		<del></del>	Remove
			☐ Change
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			Remove
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an eff l <u>ote:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	MARCH 15 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00