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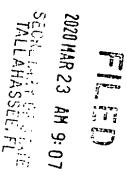
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
AXIOM S	ALES KINETICS LLC			
SUBJECT:	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:		
	ROBERT NICOLS			
		Name of Person		
		Firm/Company		
	1102 SEABREEZE AVE			
		Address		· —
	JACKSONVILLE BEACE	I, FL 32250		
		City/State and Zip Code		
	BNicols@axiomsfd.com			_
For further information c	oncerning this matter, please co	to be used for future annual re	eport notification)	
	oncerning this matter, prease et			
ROBERT NICOLS	· · · · · · · · · · · · · · · · · · ·	904 303- at ()	5804	
Name o	f Person	Area Code	Daytime Telephone Numb	per
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address		Street Ada		
Registration S Division of C		_	ion Section of Corporations	
P.O. Box 632			tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin			. \
(syame of the Lin	(A Florida Limited Li	y as it now appears on our record- ability Company)	<u>r ,</u>
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/26/2020}{1.20000064433}$			and assigned
This amendment is submitted to amend the for	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the		"The last of will come	<u> </u>
The new name must be distinguishable and contain inc	words "Limited Liabilit	y Company. The designation "LLC	
Enter new principal offices address, if appl	icable:		TAR TI
(Principal office address MUST BE A STRE	EET ADDRESS)		H 2
			S S A
			و بدر
Enter new mailing address, if applicable:			: 07
(Mailing address MAY BE A POST OFFICE	E BOX)		
	<u>-</u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		ldress on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	1. 1	Enter Florida street address	
	<u>\i</u>		orida
	11)	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

A MIGNAL CALL DO MINIETRO E LA P

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHERRY NICOLS	1102 SEABREEZE AVE	≣ Add
		JACKSONVILLE BEACH, FL 32250	□Remove
			□Change
			
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		□Change	
		· · · · · · · · · · · · · · · · · · ·	□Add
		□Remove	
		□Change	
			□Add
		-	□Remove
			Change

_		
_		
_		
. Effective	e date, if other than the date of filing: (optional)	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:	(3)(the
f the record s ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated M	ARCH 4 2020	
	H 1/2	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee