

L20 0000 644 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

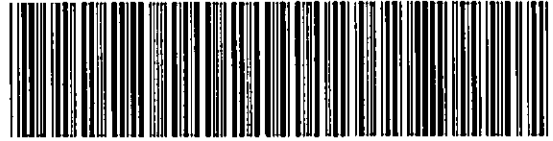
(Business Entity Name)

(Document Number)

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R. W. F. J.

JUL 07 2020

2020 JUL 15 10:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axiom Sales Kinetics

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:

Sherry Nicols

Name of Person

Axiom Sales Kinetics

Firm/Company

1102 Seabreeze Ave

Address

Jacksonville Beach , FL 32250

City/State and Zip Code

snicols@axiomsaleskinetics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Nicols

337 7394232
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

Axiom Sales Kinetics LLC

2/26/2020
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/26/2020 and assigned
Florida document number L20000064433.

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1102 Seabreeze Ave

Jacksonville Beach, FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as principal 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:

Sherry Nicols

1102 Seabreeze Ave.

Enter Florida street address

Jacksonville Beach Florida 32250

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.

Sherry Nicols

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>	<u>Type of Action</u>
MGR	Robert W Nicols Jr	1102 Seabreeze Ave	<input type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert W Nicols Jr.	1102 Seabreeze Ave	<input checked="" type="checkbox"/> Add
		Jacksonville Beach, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



Just need to change title from
MGR to AMBR for banking
purposes.

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 12 2020

Typed or printed name of signee