Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-8899

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AXIOS COMPANIES LLC

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Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division of Corp	porations		
AXIOS CO	MPANIES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The males of Amioles of	Amandanan and faste) upa cuba	witted for filing	
	Amendment and fee(s) are sub-		
Please return all correspon	ndence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
	-	Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	axioscompanies@protonma		
	E-mail address: (1	o be used for future annual report notif	lication)
For further information co	oncerning this matter, please co	alt;	
Cheyenne Moseley		800 773-0888	
Name of	Person	at ()	e Telephone Number
Enclosed is a check for th	e 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)
Registra	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327

Tallahassee, FL 32314

Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXIOS COMPANIES LLC	7 O
(Name of the Limited Liability Compa (A Florida Limited)	(iny as it now appears on our records,) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000142029</u>	were filed on 05/29/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 S Park Ave.
(Principal office address MUST BE A STREET ADDRESS)	Tarpon Springs, Florida 34689
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 S Park Ave.
	Tarpon Springs. Florida 34689
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cny Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

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

To: +18506176383

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARIA T SAMARKOS		
		346 WESTWINDS DRIVE PALM HARBOR, FL 34683	Remove
			☐ Change
AMBR	Anna T Samarkos		Add
			Remove
		18 S Park Ave. Tarpon Springs, Florida 34689	
	···		
			☐ Remove
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