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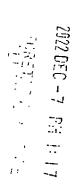
(Requestor's Name)
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(Document Number)
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COVER LETTER

Division of Co					
AXXARIC	OS, LLC.	`	r	'	
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Theresa Hardy				
		Name of Person			
	Axxarios, LLC				
		Firm/Company			
	4072 Happy Trails Road				
		Address		· · · · · · · · · · · · · · · · · · ·	
Crestview, FL 32539			2022 DEC Seoret Sally	٠.	
		City/State and Zip Code			
	thardy@axxarios.com	to be used for future annual report notif	ication)	7	
For further information of	concerning this matter, please of		icum,	Pii 1: 17	
Theresa Hardy		850 6035098		17	
Name o	î Person	at () Area Code Daytime	: Telephone Number	 	
Enclosed 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)	Certified	te of Status &	
Mailing Addres	ss:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

AXXARIOS, I.I.C.			
(Name of the Limite	d Liability Compa A Florida Limited	ny <u>as it now appears on our record</u> Liability Company)	<u>C)</u>
The Articles of Organization for this Limited Li- Florida document number 1.22000433255	ability Company	were filed on October 07, 2022	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	, .	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4072 Happy Trails Road	
(Principal office address MUST BE A STREET ADDRESS)		Crestview, FL 32539	22
		<u></u>	17.2 17.0
Enter new mailing address, if applicable:		4072 Happy Trails Road	1
Mailing address MAY BE A POST OFFICE I	ROX)	Crestview, FL 32539	
Francis and Est Mill Med 17 Oct 1102	<u> </u>		114
B. If amending the registered agent and/or re	egistered office :	address on our records, enter	the name of the new register
agent and/or the new registered office addres	• • • • • • • • • • • • • • • • • • • •	<u> </u>	THE TANK OF THE PARTY OF THE PA
Name of New Registered Agent:			
New Registered Office Address:	4072 Happy To	rails Road	
		Enter Florida street addres:	s
	Crestview	. Flo	orida <u>32539</u>
		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, Signati	and of Name Denistancel Annat	
THE CHAINSING RESINTATED RESERVE SIGNAR	HE HENCH KEPMICICU APCHI	

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
AMBR	LENA J GAMBLE		□Add
		1346 Trotters Walk Way, Jacksonville, FL 32225	=Remove
			□Change
AMBR	THERESA HARDY		□Add
			□Remove
		4072 Happy Trails Rd, Crestview, FL 32539	
			🗆 Add
			Remove 7022
			☐ Add ·
			□Remove
			□Add □Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00