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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Y. SCOTT MAY 2 0 2023

e COVER LETTER

Division of Cor	porations							
SUBJECT: AXYOM F	Interprises, LLC							
	Name of Lin	nited Liability Company						
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	Amendment and fee(s) are sub	·						
Please return all correspo	ondence concerning this matter	to the following:						
	Ali Lenin Aguilera Djoub	i						
	•	Name of Person						
	j.Ĵ.	1/ Agulua Dyribi	2023 APR -4 PH 3: 00 SUPPLIED TO SEE FLE					
		Firm/Company						
	11336 Nw 47th Ln		10000000000000000000000000000000000000					
		Address						
	Doral Fl 33178.		MO 49					
		City/State and Zip Code	一一一一一一一					
	florazul0707@gmail.com							
For further information c	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	tification)					
Hanni Djoubi	,	305 8779597						
Name o	f Person	at () Area Code Daytir	me Telephone Number					
Enclosed is a check for th	ne following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection					
Division of C		Registration Section Division of Corporations						
P.O. Box 632		The Centre of						
Tallahassee, I		2415 N. Monro	oe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	Prises LLL iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000140504	were filed on March 20, 2	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AXYOM Enterprises, LLC		25
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" on the abbreviation "In L.C."
Enter new principal offices address, if applicable:	11336 Nw 47th Ln	THE THE PARTY OF T
(Principal office address MUST BE A STREET ADDRESS)	Doral, FI 33178	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 3: 00
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>e</u> Enter Florida street o	
	City	Florida 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, 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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00