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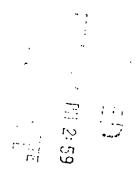
(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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08/20/24

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	agement LLC			
SUBJECT:	Name of Lin	nited Liability Company		
771 L 1 A -		w 16 -61		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Debi Bennefield			
		Name of Person		
	AXIA Management LLC			
		Firm/Company		
	426 Sw Commerce Dr Sui	ite 130		• •
Address				
	Lake City, FL 32025			÷.,
		City/State and Zip Code	,	
	DEBIBENNEFIELD@GM			:
	E-mail address: (to be used for future annual report no	itification)	ί.
For further information c	oncerning this matter, please c	all:	t i	59
Debi Bennefield		386 2881208		
Name o	f Person	at () Area Code Daytii	me Telephone Number	_
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy i	Status &
Mailing Addres Registration S		Street Address: Registration So	ection	
Division of C		Division of Co		
P.O. Box 632	•	The Centre of		
Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXIA Management LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Co.		
Florida document number L24000347161	<u>-</u> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
	-	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· •
Principal office address MUST BE A STREET ADDRE	ESS)	:
		7.5
Enter new mailing address, if applicable:		· .
Mailing address MAY BE A POST OFFICE BOX)		مسه زيا .
		- : :: ::::::::::::::::::::::::::::::::
3. If amending the registered agent and/or registered o	office address on our records, enter th	e name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Flori	da
	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 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
P	Debi Bennefield	426 SW Commerce Dr Suite 130, Lake City, FL 320	024 ≣ Add
			□Remove
			□Change
VP	Jamie Williams	426 SW Commerce Dr Suite 130, Lake City, FL 320	24 ≣ Add
			□Remove
VP	Patrick Bennefield	426 SW Commerce Dr Suite 130, Lake City, FL 320	24 ≡ Add
			□Remove
MGR	D.F.B. C.N.		_
	Debi Bennefield	<u> </u>	
			Remove
DIR	Jamie Williams		☐ Change ☐ Change ☐ Add
			_ ≣Remove
			_ 🗆 Change
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			_□Remove
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ective date, if other the effective date is listed, the effective date inserted is ument's effective date of	date must be specific and this block does not	nd cannot be prior to meet the applica	o date of filing or ble statutory fili	more than 90 day	optional) s after filing.) Pu s, this date wil	ursuant to del H not be d	605.02 listed
cord specifies a delayed stiled.	effective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of	of: (b) The 9	0th day a	iter tl
s med.							
August 19	_	2024					

Filing Fee: \$25.00