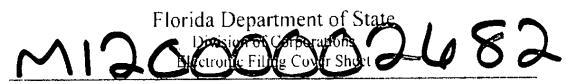
1/27/22, 11:41 AM

From: Lexus Wingo

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MS GALT & COMPANY LLC

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From: Lexus Wingo

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears MS Galt & Company I.I.C.	s on the records of the Florida Departi	nent of	
State: MS Galt & Company LLC Enter new principal office address, if applicable:	3644 Richmond Street		
	Jacksonville, FL		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	32205		
Enter new mailing address, if applicable:	3644 Richmond Street		
(Muiling address MAY BE A POST OFFICE BOX)	Jacksonville, FL	20	
	32205)22 F	
2. The Florida document number of this limited lia	•	B 22	<u>-</u>
3. Jurisdiction of its organization:			
4. Date authorized to do business in Florida: 5/14/2012			
SECTION II (5-9 complete only the applicable		7: 4.4	
5. New name of the limited liability company: At (mus	xiomLP, LLC t contain "Limited Liability Company	, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.	naging members adopting the alternat	ss in Florida and attach a c name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		r the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	p . p. 11 6.		
	Enter Florida Street Address		
	City .	Florida <u>Zip Code</u>	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. Ly and complete performance of my duti tered agent as provided for in Chapter in the registered office address, I here	es, and I am familiar with c 605, F.S. Or, if this	

From: Lexus Wingo

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
·,	· .		⊡Add		
			□Remov		
		 	bbA⊡		
			□ Rспюч		
 			□Add		
			□Remov		
			□Add		
		- Lutter - L	□Remov		
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aforementioned an	ficate, if required: no more than 90 mendment(s), duly authenticated be the law of which this entity is orguents. Signature of	y the official having custody of records in nnized.	□Remov the		



Page 1

From: Lexus Wingo

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'MS GALT & COMPANY

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"AXIOMLP, LLC" ON THE FOURTH DAY OF JANUARY, A.D. 2022, AT 10:21

O'CLOCK A.M.



Authentication: 202505086

Date: 01-27-22