M340000008338

(Requestor's Name)
	Address)
(.	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	illing Officer:
	3 HORNE SEP 13 2024

Office Use Only



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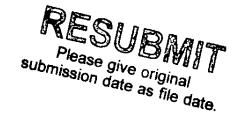
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2024

CSC-TALLAHASSEE

SUBJECT: AXIOM U.S. PAYROLL, LLC

Ref. Number: M24000008328



We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 524A00020319

2024 SEP | 2 AM | 1: 08



CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/03/24 Order #: 1607539-2

Re: Axiom U.S. Payroll, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations	
Axiom U.S. Payroll, LLC SUBJECT:	
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this i	natter to the following:
Name of Person	<u></u>
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pl	
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an □\$25 Filing Fee □ \$30 Filing Fee & □ Certificate of Status CR2E055 (9/15)	nount: I \$55 Filing Fee & S60 Filing Fee. Certified Copy Certificate of Status & Certified Copy

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 on the records of the Florida Department of Axiom U.S. Payroll, LLC
State:
nter new principal office address, if applicable:
Principal office address IUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
The Florida document number of this limited liability company is:
Jurisdiction of its organization: Delaware 06/27/2024
Date authorized to do business in Florida:
ECTION II (5-9 complete only the applicable changes)
New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a opy of the written consent of the managers or managing members adopting the alternate name. The alternate name ust contain "Limited Liability Company." "L.L.C." or "LLC.")
If amending the registered agent and/or registered officer address on our records, enter the name of the new gistered agent and/or the new registered office address here:
ame of New Registered Agent:
ew Registered Office Address: Enter Florida Street Address
Enter Florida Street Address
ew Registered Agent's Signature, it changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with e provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this becament is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ability company has been notified in writing of this change.

Docusign Envelope ID: DEC40560-FA8B-44C9-9B3E-E22A5FE2C522

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
			□Add	
			□Remov	
			Remov	
			□Add	
			□Remov	
			□Add	
		·	□Remov	
			□Add	
aforementioned am	he law of which this entity is or as	the official having custody of records	☐Remov in the	

Filing Fee: \$25.00

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AXIOM U.S. PAYROLL,

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

"STRADA U.S. PAYROLL, LLC" ON THE FOURTEENTH DAY OF AUGUST, A.D.

2024, AT 2:58 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204288371

Date: 08-30-24