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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AXIOM AUTO IN	₹C	
DOCUMENT NUM	Park Britain Control of Britain		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RANDALL D WILLIAMS I	Ш	
		Name of Contact Person	n
	AXIOM AUTO INC		
		Firm/ Company	
	2313 WEST JACKSON STR	REET	
		Address	
	ORLANDO, FL 32805		
		City/ State and Zip Cod	c
AXI	OMAUTOINC@GMAIL.COM	v1	
	E-mail address: (to be u	sed for future annual report	notification)
	on concerning this matter, plea		070 0101
RANDALL D WILLIAMS III		at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amene Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of

		of	
AXIOM AUTO INC			
	of Corporation as curre	ntly filed with the Flor	ida_Dept. of State)
P13000065085			
	(Document Numbe	r of Corporation (if knov	MI)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis <i>Florida Profit Corpo</i>	ration adopts the following amends
A. If amending name, enter the new n	ame of the corporation:		
N/A			The n
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." Inc." o	r "Co". A professionai	"incorporated" or the abbreviati l corporation name must contain t
R - Enter new principal office address	if annlicable:	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		N/A	201
		N/A	2019 SEP
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	30 0
		N/A	
		N/A	
D. If amending the registered agent ar			the name of the
new registered agent and/or the ne	w registered office addr	ess:	
Name of New Registered Agent	N/A		
	N/A		
	<i>(Florida</i>	street address)	
New Registered Office Address:	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			bligations of the position
t nevery accept the appointment as regis.	етси идені і ит затин	а ъин ини иссерстве (п	argunono oj are position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DEBBIE GREEN	2305 W. South Street
X Add			Orlando, Fl 32805
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)		
N/A		
		_
		 I
		<u> </u>
		ī
		-
		_
F. If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,	
provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	ined in the amendment itself:	
DEBBIE GREEN - 81%		
		_
RANDALL D WILLIAMS - 10 %		
WILLIE OLIVER SR - 9%		
		-
		_
		-

The date of each amendment	(s) adoption:	, if other
date this document was signed	9/23/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	e will not be liste
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s ere sufficient for approval.	<b>)</b>
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	cast feetbe amendment(s) was/were sufficient for approval	
by	(voting group)	1
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
9/23/1 Dated	2019	
Su	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	t
	RANDALL D WILLIAMS III	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	