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01/15/09, 14:53 FAX 941 745 2093

BLALOCK WALTERS P.A.
BLALOCK WALTERS

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TX REPORT

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1/15/09

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Division of Corporations

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Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

N. G. G. JAN 20 2009

FILED
09 JAN 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA



January 16, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLALOCK, WALTERS

SUBJECT: IT SOLUTIONS OF FLORIDA, LLC
REF: W09000002344

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6067.

Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H09000010431
Letter Number: 809A00001735

P.O. BOX 6327 - Tallahassee, Florida 32314

Fax Audit # (((H09000010431 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

09 JAN 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AXIA GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/03 and assigned
Florida document number L03000034816

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IT NETWORK SOLUTIONS GROUP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(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 608, 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)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JANUARY 15, 2009



Signature of a member or authorized representative of a member

Melanie Lubon, Authorized Representative

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Filing Fee: \$25.00

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