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Office Use Only

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EXAMINER



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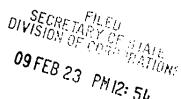
## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Ax10M,	LLC	
SUBJECT:	(Name of Limite	d Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	PAJESH	P ASHTAPUT	rr-E
		(Name of Person)	
	AXION	(Firm/Company)	
		(Firm/Company)	
	14516	CLIFTY CT (Address)	
	TAMP	A, FL 33624	
		City/State and Zip Code)	
For further information con	cerning this matter, please call	:	
PAJESH P	ASHTAPUTRA	at (813) 966-9 (Area Code & Daytime Te	124
(Name of )	Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



				' ' <sup>11</sup> 12: 5	
Axiom,	LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A F)	forida Limited Liab	ility Company)			
The Articles of Organization for this Limited Liab	oility Company we	re filed on	09/25/2005	and assigned	
Florida document number LO4000					
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabilit	company her	<u>re</u> :		
AXIOM INFO	RMATION	SERV	ICES, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:	14516	CLIFTY	CT	
(Principal office address MUST BE A STREET.	ADDRESS)	TAM	<u>CLIFTY</u> PA, FL 3	33624	
	_		****		
Enter new mailing address, if applicable:		14511	6 CLIFTY	ст	
(Mailing address MAY BE A POST OFFICE BOX)		TAMP	CLIFTY PA, FL 3.	3624	
	_				
	_				
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:					
	2017	5.CH 0	1-11-10	UTDE	
Name of New Registered Agent:	KAU	7311 P	ASHTAP	UIFC	
New Registered Office Address:	14511	S CLIF	TJ CT		
<u> </u>		(E)	nter Florida street add	dress)	
	TAM	PA	, Florida	33624	
	(0	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)

If amen' ing 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:

	Managing Member		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			D maria
			Add
			Remove
			r T
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D. If ame	ending any other information, en	ter change(s) here: (Attach additional shee	ets, if necessary.)
-			
-			
- Dated	Feb 18th	2009	
	-	Rajich Derlage	<u></u>
	Signature of	f a member or authorized representative of a me	ember
	RAJE	ESH P ASHTAPUTR	_

Page 2 of 2

Filing Fee: \$25.00