

LO6 0000 00805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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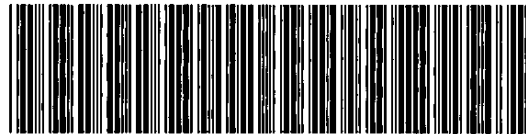
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LO6-805
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAX HEALTH CARE STAFFING, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jefferson Juerakhan
(Name of Person)

PAX Health Care Staffing, LLC.
(Firm/Company)

3509 Cheshire Sq Apt A
(Address)

SARASOTA FL 34237
(City/State and Zip Code)

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For further information concerning this matter, please call:

Jefferson Juerakhan at (941) 526-5239
(Name of Person) (Area Code & Daytime Telephone 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

PAX HEALTHCARE STAFFING, LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on December 30th, 2005 and assigned document number L060000000805

SECOND: This amendment is submitted to amend the following:

I am requesting to change the name of:
PAX Healthcare services, Inc. To:
PAX Healthcare staffing, LLC.

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TALLAHASSEE, FLORIDA

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Dated 08-25-06

JEFFERSON JUEBAKHAN

Signature of a member or authorized representative of a member

[Signature]
Typed or printed name of signee

Filing Fee: \$25.00