

LD9000073179

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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12 DEC 26 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Axiom Health Networks, 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:

**Richard Bonilla**

Name of Person

**Axiom Health Networks, LLC**

Firm/Company

**16510 SW 96 TERRACE**

Address

**MIAMI FL 33196**

City/State and Zip Code

**richard@axiomhealthnetworks.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Richard Bonilla**

Name of Person

**305 345-2055**

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**

Axiom Health Networks, 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 07/27/2009 and assigned  
Florida document number L09000073179.

This amendment is submitted to amend the following:

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

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)**

16510 SW 96 TERRACE

MIAMI FL 33196

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:

GOODMAN-GUENTHER, JOYCE ESQ.

New Registered Office Address:

10723 S.W. 104 STREET

*Enter Florida street address*

Miami

, Florida 33176

*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.*

*for Joyce Goodman-Guenther*  
**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGR	Julian G. Cantillo	PO Box 730956	<input type="checkbox"/> Add
		Ormond Beach, Fl 32173	<input checked="" type="checkbox"/> Remove
MGR	Ileana Cantillo	PO Box 730956	<input type="checkbox"/> Add
		Ormond Beach, Fl 32173	<input checked="" type="checkbox"/> Remove
MGR	Richard Bonilla	16510 SW 96 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33196	<input type="checkbox"/> Remove
MGR	Angela Christy Bonilla	16510 SW 96 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33196	<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.)**

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Dated **December 14th, 2012**



Signature of a member or authorized representative of a member

**Richard Bonilla**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**