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TO:

Registration Section
Division of Corporations

SUBJECT:

Axiom Healthcare Consulting, 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:

Julian G. Cantillo

Name of Person

Firm/Company

PO Box 730956

Address

Ormond Beach, FI 32173

City/State and Zip Code

julian@axiomcars.com

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

For further information concerning this matter, please call:

Julian G. Cantillo

_{.,/}305、970-0443

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

Axiom Healthcare Consulting, 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 09/22/2009 and assigned Florida document number L09000092749 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AxiomCars.com LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C." 69 Appaloosa Lane Enter new principal offices address, if applicable: Bldg. C, Suite 201 (Principal office address MUST BE A STREET ADDRESS) Ormond Beach, FI 32174 PO Box 730956 Enter new mailing address, if applicable: Ormond Beach, FI 32174 (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

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other informa	tion, enter change(s) here: (Attach addition	onal sheets, if necessary.)	
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E. Effective date, if other than the	date of filing:	(optional)	
(If an effective date is listed, the date	e must be specific and cannot be more than 9	00 days after filing.) (605.020)7 (3)(b)
_{Dated} January 1st,	2014		
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