## L11000012890

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FALLAHASSEE, FLORIO

D. BRUCE
FEB 0 9 2011
EXAMINER

## **COVER LETTER**

TO:

	ation Section r of Corporations		
SUBJECT:	AX	IS 3.COM, LLC	
30b3EC1		imited Liability Company	
The enclosed Art	cicles of Amendment and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
•		Michael Hric Name of Person	
	Git	oson, Kohl, Wolff & Hric, P.L.	
		Firm/Company	
		1800 2nd Street, Suite 901  Address	
		Sarasota, FL 34236 City/State and Zip Code	II FEB SEGRET ALLAH
	E-mail addre	michaelhric@yahoo.com ss: (to be used for future annual report notification)	ARY ASSE
For further infor	mation concerning this matter, plea	ise call:	
	Michael Hric Name of Person	at ( 941 ) 954-1359  Area Code & Daytime Telephone N	
Enclosed is a che	eck for the following amount:		
<b>□</b> \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Statu	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, ortificate of Status & ortified Copy dditional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:SS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AXIS 3.COM, LLC		
( <u>Name of the Limited I</u> (A F	Liability Company as it now approprietal Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on _	January 31, 2011	and assigned
Florida document numberL110000128	390		
This amendment is submitted to amend the follow	wing:	·	
A. If amending name, enter the new name of t	the limited liability company l	iere:	
	BAM3SYSTEMS, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			TALLAHASSEE,
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address o ice address here:	n our records, <u>enter t</u>	Tham of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess
		Florid-	
	City	, Florida	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 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 = M MGRM =	Ianager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u>.</u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary	11 FEB -8 PH TO BE BY SECRETARY OF STATE FLORIDA
 Dated	MA	3011 1/12-	A
	/	mber or authorized representative of a member  Michael Hric  /ped or printed name of signee	

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Filing Fee: \$25.00