## 111000046256

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JAN 1 3 2014 T. BROWN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Axiom Healthcare, 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, Fl 32173

City/State and Zip Code

julian@axiomhealthcare.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, 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 07/13/2011 and assigned
Florida document number L11000046256	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Axiom Integrated Services, LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	69 Appaloosa Lane
(Principal office address MUST BE A STREET ADDRESS)	Bldg. C, Ste. 201
	Ormond Beach, Fl 32174
The day are an annual to the state of the st	PO Box 730956
Enter new mailing address, if applicable:	Ormond Beach, Fl 32173
(Mailing address MAY BE A POST OFFICE BOX)	Official Beach, F1 32 173
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Litter 1 torius sir eet auur ess
	, Florida
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

T!41.	Name	A .d.d	TT
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	date of filing: (optional)	
an effective date is listed, the date	must be specific and cannot be more than 90 days after filing.) (60	
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Page 3 of 3

Filing Fee: \$25.00