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TO:	Registration Se Division of Cor	ection porations	*	
SUBJI		gineering, LLC		
SUDJI	EC1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-		
Please	return all correspo	ondence concerning this matter	to the following:	
		Edmund Saldana		
			Name of Person	
		Auxilio Engineering, LLC		
			Firm/Company	
		624 Ponte Vedra Blvd C7		
			Address	
		Ponte Vedra Beach, FL 320	082	
		edmund@aux-e.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fu	rther information o	concerning this matter, please ca	all:	
Edmu	nd Saldana		786 423-8705 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$ 2	5.00 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

Auxilio Engineering, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	3948 3rd Street South, #271	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Beach, FL 32250	
Enter new mailing address, if applicable:	3948 3rd Street South, #271	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Beach, FL 32250	
		15 15
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the marne of the
		13.5 P
Name of New Registered Agent:	·	<u> </u>
New Registered Office Address:	Enter Florida street address	C
		10A 11E
	, Florida	Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
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Filing Fee: \$25.00