L14000100355

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* COVER LETTER

TO: Registration Se Division of Con							
Axxis M	edical, LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.					
Please return all correspo	ondence concerning this matter to	o the following:					
	Craig Wertkin						
	Name of Person						
	Axxis Medical						
Firm/Company							
	5801 Congress Ave						
		Address					
	Boca Raton Florida 3	33487					
	Craig@axxismedical.	City/State and Zip Code					
		be used for future annual report notifica	ution)				
For further information of	concerning this matter, please ca	II:					
Craig Wertkin		561 405-9300					
Name c	of Person	at () Area Code Daytime T	elephone Number				
Enclosed is a check for t	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

Axxis Medical, LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L14000100355</u>	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>sss)</u>	2011 75 E	
		S JAN I	
Enter new mailing address, if applicable:		S CO	
(Mailing address MAY BE A POST OFFICE BOX)		PH I:5	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>e</u> s <u>s here</u> :	nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	; 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

Page 1 of 3



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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:

Title AMBR Mr.	Name	Address	Type of Action
	Shae Adams	5801 Congress Ave	
	S. F.	Boca Raton, Florida 33487	В Кепроуе
			— H
			Remove
			
			☐ Remove
	1		Add
			2015 JAN 15 SECRETARY TABLAHASSI
			JIS JAN 15 PI
		·	PH : 5
			Remove 55
	-		☐ Remove

Page 2 of 3

Page 3 013 8 11/ 3/23/9

Filing Fee: \$25.00

2015 JAN 15 PM 1:5

Shae Adams

7998 Clementine Drive Boynton Beach, Florida 33436

November 3, 2014

Axxis Medical, LLC 5801 Congress Avenue Boca Raton, Florida 33487

To the Managers of Axxis Medical, LLC

Please accept this letter as my resignation as a member/manager of Axxis Medical, LLC.

Furthermore, allow this letter to serve as my relinquishing and claim to equity or profits from Axxis Medical, LLC.

Sincerely,

Shae Adams

2015 JAN 15 PM 1:55