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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

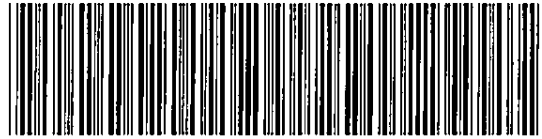
(Business Entity Name)

(Document Number)

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FILED JUN 10 2010

FILED  
25 JUN 10 AM 10:45  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OM HEALTHCARE HOLDING COMPANY, 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:

Osberto Diaz

\_\_\_\_\_  
Name of Person

Compacts, llc

\_\_\_\_\_  
Firm/Company

4666 SW Dactyl St

\_\_\_\_\_  
Address

Port Saint Lucie, FL 34953

\_\_\_\_\_  
City/State and Zip Code

odiaz@ommktg.com

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

For further information concerning this matter, please call:

Osberto Diaz

305 762-0003  
at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OM HEALTHCARE HOLDING COMPANY, 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 10/28/2019 and assigned  
Florida document number L19000052650.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

COMPAXIS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

4666 SW DACTYL ST

PORT SAINT LUCIE, FL 34953

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

OSBERTO DIAZ

New Registered Office Address:

4666 SW DACTYL ST

*Enter Florida street address*

PORT SAINT LUCIE

*City*

Florida 34953

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	OSBERTO DIAZ	4666 SW DACTYL ST. PORT SAINT LUCIE, FL 349	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DVP	MIRIELA DIAZ	4666 SW DACTYL ST. PORT SAINT LUCIE, FL 349	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ONLY NAME CHANGE

[illegible]

E. Effective date, if other than the date of filing: 06/04/2025 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 2, 2025

Signature of a member or authorized representative of a member

OSBERTO DIAZ

Typed or printed name of signee

**Filing Fee: \$25.00**

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TO  
ARTICLES OF ORGANIZATION  
OF**

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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4666 SW DACTYL ST

**(Principal office address MUST BE A STREET ADDRESS)**

PORT SAINT LUCIE, FL 34953

**Enter new mailing address, if applicable:**

N/A

**(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:

OSBERTO DIAZ

New Registered Office Address:

4666 SW DACTYL ST

Enter Florida street address

PORT SAINT LUCIE

Florida 34953

City

Zip Code

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ONLY NAME CHANGE

**Filing Fee: \$25.00**