P1200018435

(Re	equestor's Name)						
(Ac	ldress)						
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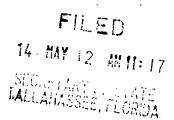
COVER LETTER

TO: Amendment Section
Division of Corporations

•			···		
NAME OF CORPO	RATION: AXIOM AC	COUNTING, IN	<u>C</u>		
	BER: P1200001843				
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	atter to the following:			
	ROSA ESTELA	MORALES			
		Name of Contact Perso	n		
	AXIOM ACCOUN	NTING, INC	•		
		Firm/ Company			
	4951 TAMIAMI T	RAIL NORTH S	UITE 103		
		Address			
	NAPLES, FL 341	03			
		City/ State and Zip Cod	e		
es [.]	telamorales07@co	omcast.net			
,		sed for future annual report	notification)		
		26			
For further information	on concerning this matter, pleas	se call:			
ROSA ESTE	ELA MORALES	at (239	777-2943		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>M</u> a	iling Address	Street Address			
	endment Section	Amendment Section			
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building			
	lahassee FI 32314	2661 Evecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



AXIOM ACCOUNTING, INC - P12000018435

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if)	cnown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	•
	The .new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
The state of the s	
(Florida stree	4-14
Ptoriua stree	aduress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
Name Described and Association of the second	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position
	is and accept the congunous of the position.
Signatura of New Pagintary And	and if the same

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Remove Y Mike Jones X Add SV Sally Smith	<u>Addres</u> s
X Add SV Sally Smith	<u>Addres</u> s
<u> </u>	Address
Type of Action (Check One) Name	
1) Change VP MARCO A CAICEDO	7975 PRESERVE CIRCLE
Add	APT 1022
Remove	NAPLES, FL 34119
2) Change	
Add	
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	_
Add	
Remove	
6) Change	
Add	
Remove	

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an ame orovision (if no	ndment prov	ides for a nenting th indicate l	n exchar ne amend W/A)	nge, reclass Iment if no	ification, (t contained	or cancellat		<u>. </u>	
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an ame provisio (if no	ndment prov	rides for a nenting th indicate l	n exchar e amend WA)	nge, reclass Iment if no	ification, (or cancellat		<u>. </u>	
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an ame provision (if no	ndment prov	rides for a nenting th indicate l	n exchar e amend V/A)	nge, reclass	ification, (or cancellat		<u>. </u>	-
an ame provisio (if no	ndment prov	ides for a nenting th indicate l	n exchar e amend WA)	nge, reclass	ification, (or cancellat		<u>. </u>	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	•
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 05/08/14	•
Signature_ Alla Caull	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed-fiduciary by that fiduciary)	
Losa Fotela Corales	_
(Typed or printed name of person signing)	
President	_
(Title of person signing)	_