

L12 0000 22151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

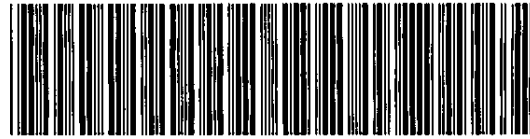
(Business Entity Name)

(Document Number)

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MASSACHUSETTS
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JUL 14 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2014

RAFAEL RABINOVICH
8827 BRIARWOOD MD LN
BOYNTON BEACH, FL 33473

SUBJECT: ECTOPIC LLC
Ref. Number: L12000022151

We have received your document for ECTOPIC LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00015082

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ECTOPIC 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:

RAFAEL F RABINOVICH

Name of Person

ECTOPIC LLC

Firm/Company

8827 BRIARWOOD MD LN

Address

BOYNTON BEACH FL 33473

City/State and Zip Code

martj@mejaccounting.com

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

For further information concerning this matter, please call:

marta e jacofsky at **305** **300-1743**
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**

ECTOPIC 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 02/15/2012 and assigned Florida document number L12000022151.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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

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:

MGR = Manager
 AMBR = Authorized Member

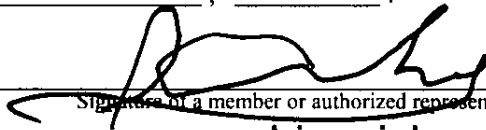
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	porini, maria c	8827 briarwood md In boynton beach florida 33473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	rabinovich, barbara d	8827briarwood md In boynton beach, florida 33473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	rabinovich, julieta d	8827 briarwood md In boynton beach, florida 33473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	rabinovich, victoria d	882\ briarwood md In boynton beach florida 33473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated august 1st, 2014



Signature of a member or authorized representative of a member

rabinovich rafael f mgrm

Typed or printed name of signee

RECEIVED
SEP 1 2014
STATE OF FLORIDA
DEPARTMENT OF STATE