

MI200001212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

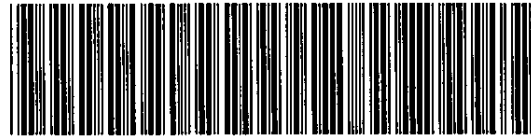
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB 26 11:02:25
MILWAUKEE, WI 53201
STATE OF WISCONSIN
REGISTRY OF BUSINESS SERVICES

J. Stivers FEB 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Entopsis, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Obdulio Piloto

Name of Person

Entopsis

Firm/Company

1951 NW 7th Ave, Suite 13127

Address

Miami, FL 33136

City/State and Zip Code

Obdulio.Piloto@entopsis.com

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

For further information concerning this matter, please call:

Obdulio Piloto

Name of Person

at (443) 570-2116

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Entopsis, LLC
2. Jurisdiction of its organization: State of Delaware
3. Date authorized to do business in Florida: March 1, 2012

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Correct address (Principal): 1951 NW 7th Ave,
suite 13127, Miami, FL 33136
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Abdulio Piloto

Typed or printed name of signee

Filing Fee: \$25.00



State of Delaware

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 P.O. BOX 898
 DOVER, DELAWARE 19903

140006486

9012269
 ABDULIO PILOTO
 1051 PINERO AVENUE
 CORAL GABLES

FL 33134

02-10-2014

DESCRIPTION	AMOUNT
ENTOPSIS, LLC 5063870 0240 Amendment; Domestic (DELETED)	
Amendment Fee	* 180.00
Amendment Fee	180.00CR
Court Municipality Fee, Wilm.	* 20.00
Court Municipality Fee, Wilm.	20.00CR
* ITEMS WERE PREVIOUSLY BILLED	
FILING TOTAL	.00
ENTOPSIS, LLC 5063870 0240 Amendment; Domestic	
Amendment Fee	180.00
Court Municipality Fee, Wilm.	20.00
FILING TOTAL	200.00
TOTAL CHARGES	200.00
TOTAL PAYMENTS	200.00
SERVICE REQUEST BALANCE	.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:30 AM 12/30/2013
FILED 11:30 AM 12/30/2013
SRV 140006486 - 5063870 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Entopsis, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows: **Add Article Third:**

Physical Address: 1951 NW 7th Ave Suite 13127 Miami, FL 33136 Mailing Address: 1051 Pinerio Ave Miami, FL 33134

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 23rd day of December, A.D. 2013.

By: 
Authorized Person(s)

Name: Obdulio Piloto
Print or Type