

M1200000-1212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

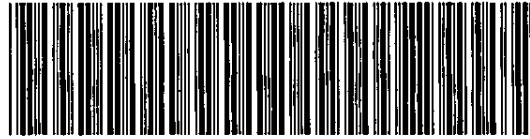
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 DEC -5 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 Outgoing 12/11/2014

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

1051 Pinero Ave
Address

Coral Gables, FL 33134
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:

_____ at (_____) _____
Name of Person 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 CERTIFICATE OF AUTHORITY 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: Entopia LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 03/01/12

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

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

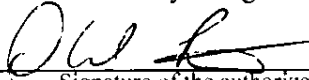
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

New Physical Location: 601 West 20th Street, Hialeah, FL 33010

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: 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 the authorized representative

Abdulio Piloto

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: Amending Article Third:

New physical address:
601 West 20th Street
Hialeah, FL 33010

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 24 day of October, A.D. 2014.

By: 
Authorized Person(s)

Name: Obdulio Piloto
Print or Type