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Florida Department of State  
Division of Corporations  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL-INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CANEPA HEALTHCARE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2019 MAY 23 PM 1:23

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Help

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Canepa Healthcare, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M15000000042

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/02/2015

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Evidity Capital LLC  
(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.")

6. If amending the registered agent and/or registered officer 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

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2019 MAR 27 A 3:11  
STATE OF FLORIDA  
SECRETARY OF STATE

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

\_\_\_\_\_

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

\_\_\_\_\_

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                      |
|-----------------------|-------------|----------------|--|
| _____                 | _____       | _____          | <input type="checkbox"/> Add               |
| _____                 | _____       | _____          | <input checked="" type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add               |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove            |
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| _____                 | _____       | _____          | <input type="checkbox"/> Remove            |

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 ALABAMA SECRETARY OF STATE

9. Attached is a 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

Alejandro Sanchez, Manager - By: Rachel Kauffman, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CANEPA HEALTHCARE, LLC", CHANGING ITS NAME FROM "CANEPA HEALTHCARE, LLC" TO "EVIDITY CAPITAL LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF MAY, A.D. 2019, AT 2:05 O'CLOCK P.M.

2019 MAY 23 A 3:11  
 FILED



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

5632221 8100  
 SR# 20194174134

Authentication: 202878305  
 Date: 05-22-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:05 PM 05/20/2019  
FILED 02:05 PM 05/20/2019  
SR 20194174134 - File Number 5632221

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Canepa Healthcare, LLC

[Redacted box]

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is:  
Evidity Capital LLC

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IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 20th day of May, A.D. 2019.

By:   
Authorized Person(s)

Name: Rachel Kauffman, Special Manager  
Print or Type