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SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Address hang: Entangent Subject: Name of Limited Liability Co	Salutions, UC
The enclosed Articles of Amendment and fee(s) are submitted for filing	<u>}</u> .
Please return all correspondence concerning this matter to the following	p.
Eptas Firm/Con	olytions, uc
400 NW 26	+H 5+ #32
City/State and  E-mail address: (to be used for fut	ntasolutions contains
For further information concerning this matter, please call:	SEC
Name, of Person at Quarter Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified (additional)	

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** 

Epta Sol	HMS LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears ou our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	400 NW 26+4 Street
(Principal office address MUST BE A STREET ADDRESS)	#32 miomi, FL 33127
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOUT
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	707 <b>2</b>
New Registered Office Address:	Enter Florida street address  , Florida  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<b>→</b> • • • • • • • • • • • • • • • • • • •

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 aimending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR ≈	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		nature of a member or authorize	ad representative of	fa mamber			

Page 3 of 3

Filing Fee: \$25.00