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D SCOTT JUN 2 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 815324 AUTHORIZATION COST LIMIT ORDER DATE : June 20, 2019 ORDER TIME : 1:33 PM ORDER NO. : 815324-005 CUSTOMER NO: 4311863 DOMESTIC AMENDMENT FILING NAME: ENDPOINT TECHNOLOGIES, LLC EFFECTIVE DATE: XX___ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX __ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nologies, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Company	were filed on <u>04/22/2011</u>	and assigned
Florida document number L11000047863		
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	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4487 Ocean View Drive	
(Principal office address MUST BE A STREET ADDRESS)	Destin, Florida 32541	E 13
Enter new mailing address, if applicable:	4487 Ocean View Drive	220
(Mailing address MAY BE A POST OFFICE BOX)	augress MAT DE AT 05T OFFICE BOAT	_ P 5
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Nice address on our records e:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	voj.	гул Сойс

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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 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>	<u>Address</u>	Type of Action
VP/Sec.	John David Gillie	Envision House, 5 North Street	
		Horsham, West Sussex RH12 1XQ	■ Remove
			Change
AMBR	Chandru K. Advani	c/o Envision Pharma Inc., 3530	Add
		Post Road. Southport. CT 06890	■ Remove
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ffective date, if other than the date of filing:	(optional)	<i>L-</i> 2	-
an effective date is listed, the date must be specific and cannot be prior to date of filing or motote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	requirements, this date v	vill not be li	isted a
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	me, at 12:01 a.m. o	n the ear	tier c
ated June 19			
ated June 19 X Signature of a member or authorized representative of	ot'a member		

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Filing Fee: \$25.00