

113000004794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

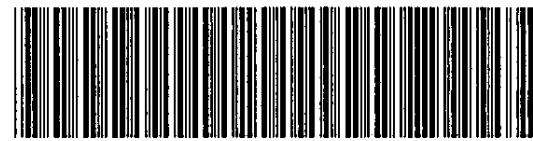
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



000296252900

03/13/17--01020--026 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 13 PM 4:05

MAR 29 2017
S. YOUNG

Office Use Only



REC'D
2017 MAR 28 PM 3:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAHASSEE, FLORIDA

March 14, 2017

MAX A ADAMS
THE LAW OFFICES OF MAX A ADAMS, ESQ
2151 S LEJEUNE ROAD STE 306
CORAL GABLES, FL 33134

SUBJECT: ENDO INFORMATICS AND SOLUTIONS, LLC
Ref. Number: L13000004794

We have received your document for ENDO INFORMATICS AND SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00004884

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 13 PM 4:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENDO INFORMATICS AND SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX A ADAMS

Name of Person

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC

Firm/Company

2151 S LEJEUNE ROAD SUITE 306

Address

CORAL GABLES FL 33134

City/State and Zip Code

INFO@THEMEDIABLAWFIRM.COM

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

For further information concerning this matter, please call:

EVELYN GUTIERREZ 305 4443484
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

STREET/COURIER ADDRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE
17 MAR 13 PM 4:05

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ENDO INFORMATICS AND SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/9/2013 and assigned Florida document number L1000004794.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17 MAR 13 PM 4:05
FLORIDA
STATE
AGENCY
REGISTRATION
DIVISION
TALLAHASSEE
FL 32399-0001

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

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>	<u>Type of Action</u>
MGR	SILVA-RAMOS, MARICRUZ	3537 COLLONADE DR WELLINGTON, FL, 33449	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	CASANOVA-ROMERO, PAUL	3537 COLLONADE DRIVE WELLINGTON, FL, 33449	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add 47 <input type="checkbox"/> Remove 13 <input type="checkbox"/> Change 44 <input type="checkbox"/> Add 05 <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

SECRETARY OF STATE
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

STATE BANK OF TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 21 2017

2017

Signature of a member or authorized representative of a member

MAX A ADAMS, ESQ ATTORNEY-IN-FACT

Typed or printed name of signee