

216000099684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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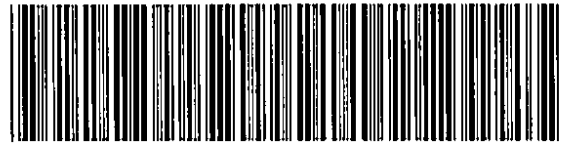
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 29 AM 8:15

N COOPER
SEP 06 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENNIS HEALTHCARE SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivienne M Williams

Name of Person

ENNIS HEALTHCARE SOLUTIONS LLC

Firm/Company

13012 SW 120 STREET, #7

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

info@ennishealth.com

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

For further information concerning this matter, please call:

Vivienne M Williams

786

713-0100

at ()

Name of Person

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:
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**

ENNIS HEALTHCARE 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 05/16/2016 and assigned
Florida document number L16000099684.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Amending the percentage of Ownership. Please see attached sheet for Percentage changes.

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E. Effective date, if other than the date of filing: 08/27/2018 (optional)

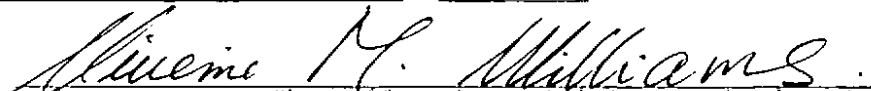
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 August 21st 2018


Signature of a member or authorized representative of a member

Vivienne M Williams

Typed or printed name of signee

**AMENDMENT TO
LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR
ENNIS HEALTHCARE SOLUTIONS LLC**

CHANGES FOR LISTING OF MEMBERS

As of the 22nd day of 8th Month, 2018 the following is a list of members of the company:

Name: Vivienne M Williams Percent 10 %

Address: 8225 SW 141 Street, Palmetto Bay, Florida 33158

Name: Rishan M Duhaney Percent 41 %

Address: 7961 SW 141 Terrace, Palmetto Bay, Florida 33158

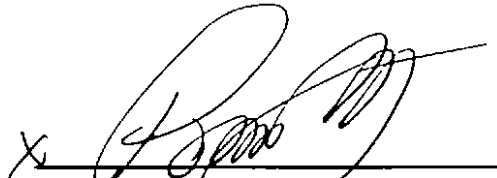
Name: Ryan W Mckinley Percent 49 %

Address: 7961 SW 141 Terrace, Palmetto Bay, Florida 33158

Authorized by Member(s) to provide Member Listing as of this 22nd day of the 8th Month, 2018.



Signature of Member

x 

Signature of Member

x 

Signature of Member

Signature of Member