

L16000099684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

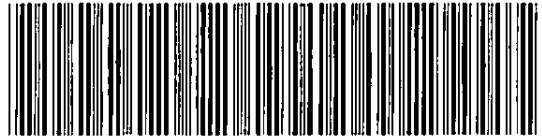
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ENNIS HEALTHCARE 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:

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@ennishhealth.com

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

For further information concerning this matter, please call:

VIVIENNE M WILLIAMS

786
at ()

713-0100

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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:

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)

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:

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

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

1. Amending to remove Rishan M Duhaney from Ownership from ENNIS HEALTHCARE SOLUTIONS LLC.

2. Amending to Increase Ryan W McKinley Percentage of Ownership to 90%.

3. Amending for Vivienne M Williams to Percentage of Ownership remain at 10%

E. Effective date, if other than the date of filing: 09/17/2024 **(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 September 17th

2024



Signature of a member or authorized representative of a member

VIVIENNE M WILLIAMS

Typed or printed name of signee

Filing Fee: \$25.00

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

CHANGING FOR LISTING OF MEMBERS

As of the 17th day of the 9th Month, 2024 the following Members of the Company :

ENNIS HEALTHCARE SOLUTIONS LLC.

Name: Ryan W McKinley _____ Percent ____ 90 ____ %

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

Name: Vivienne M Williams _____ Percent ____ 10 ____ %

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

Authorized by Member(s) to provide Member Listing as of this 17th day of the 9th Month, 2024.



Signature of Member



Signature of Member

Vivienne M Williams _____

Typed or Printed Name of Signee

Ryan W McKinley

Typed or Printed Name of Signee