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(((H17000136420 3)))



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From:

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Account Number : I20110000094 Phone

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENDPOINT MEDICAL CONSULTING, LLC

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MAY 1 9 2017

S. YOUNG

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H170001364203

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENDPOINT MEDICAL CONSULTING, LLC			
(Name of the Limited Liability Com (A Florida Limited	nany at it now app d Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Compani	y were filed on	November 21, 2016	and assigned
Florida document number L16000212136	·		
This amendment is submitted to amend the following:			
A. If amending name, goter the new name of the limited lis	bility company	here:	
ENDPOINT CAPITAL, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," th	ne designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			70
			7 58
Enter new mailing address, if applicable:		•	5 5
(Mailing address MAY BE A POST OFFICE BOX)	,		25.25
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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 he	ere:		—
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter	Florida street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	ı <u>t:</u>	,	
I hereby accent the appointment as registered agent and as	aree to act in th	is canacity. I further as	Tree to comply with the

Thereby 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

Page 1 of 3

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

ij,

MGR = 3 AMBR ≈	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			
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<u>iote:</u> If	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be grier to date of filing or more than 90 days after filing.) Pursuant to 60 the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	5.0207 (3)(b tod as the
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl Oth day after the record is filed.	ier of:
The 9		
The 9	5/17 2017	
The 9	5/17 2017	

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