

L16000

221

265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

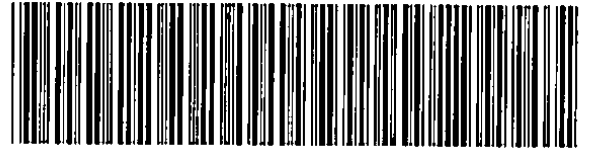
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/19--01:17--06:11 PM

SEP 17 2019

19 SEP -9 AM 7:08

FILED

SEP 17 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RITTAL 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:

REFAAT HAFEZ
Name of Person

ENDOMED LLC
Firm/Company

3505 Lake Lynda Drive
Address

Building 300, Suite 200, Orlando, FL 32817
City/State and Zip Code

mid-east-20@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Refaat Hafez at (407) 733 - 5621
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

RITTAL 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 12/07/2016 and assigned
Florida document number L16000221265

This amendment is submitted to amend the following:

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

ENDOMED LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3505 Lake Lynda Drive
Building 300, Suite 200
Orlando - FL - 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ENDOMED LLC
3505 Lake Lynda Drive
Building 300, Suite 200
Orlando - FL - 32817

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:

Refaat Hakez

New Registered Office Address:

3505 Lake Lynda Drive - Building 300 - Suite
Enter Florida street address
Orlando, Florida 32817
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.

Refaat Hakez

If Changing Registered Agent, Signature of New Registered Agent

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19 SEP -9 AM 7:06
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rania Kotb	2612 Tuscarora Trl	<input type="checkbox"/> Add
		Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Refaat Halez	please change the	<input type="checkbox"/> Add
		Address to	<input type="checkbox"/> Remove
		3505 Lake Lynda drive	<input checked="" type="checkbox"/> Change of Address on
		Building 300 - Suite 200 - Orlando - FL, 32817	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

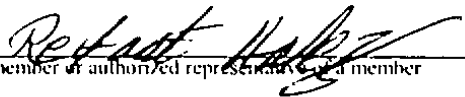
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 9/1/2019 . _____



Signature of a member or authorized representative of a member

REFEAT HAFEZ

Typed or printed name of signer