117000163771

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(Ad	dress)	
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(Cit	ty/State/Zip/Phon	ne #)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Se Division of Co	ection rporations		
C 1 1 1 2 2 2 2 4 4		Holdings LLC		
SUBJEC	UI: <u></u>	Name of Limi	ited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Charles R. Bourland, III		
			Name of Person	
		Antetegrade Holdings LLC		
			Firm/Company	
		3020 NW 82 Avenue		
			Address	
		Doral, FL 33122		
			City/State and Zip Code	
		sales@endoscopia.com		
For furtl	ner information of	encerning this matter, please co	to be used for future annual report no all:	ouncation)
Charles	R. Bourland, III		305 436-0599 at ()	
	Name (of Person	Area Code Dayt	ime Telephone Number
Enclose	d is a check for t	he 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 Fec. 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

Antegrade Holdings LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number £17000163771	y Company were filed on August 1, 2017	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17 SE
(Principal office address MUST BE A STREET AD	DRESS)	CR AR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED TARY OF STATE HASSEE, FLORIDA
B. If amending the registered agent and/or re registered agent and/or the new registered office a	···	2
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu 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>	Address	Type of Action
AMBR	Maria A. Bourland	3020 NW 82 Avenue, Doral, FL 33	■ Add
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		August 2, 20	17				
ffective date, if other than an effective date is listed, the date	indscoe specific and	camor oc prior c	a date of thing of	more than 90 days a			
Sote: If the date inserted in th ocument's effective date on the			ble statutory fil	ing requirements,	this date will not	be listed	i as
e record specifies a dela The 90th day after the		ate, but not	an effective	time, at 12:0	1 a.m. on the	earlier	r of
August 2 Pated		2017					
	101	100 7	- 2	ur and ve of a member	/		

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Typed or printed name of signee

Filing Fee: \$25.00