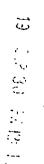
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(1	Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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COVER LETTER

Div	ision of Cor	porations		
enousze.	Ensight US	A, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please returi	i all correspo	ndence concerning this matter	to the following:	
		Francis Barram		
			Name of Person	
		Ensight USA, LLC		
			Firm/Company	
		401 East Jackson Street, St	uite 33602	
			Address	
		Tampa, Florida 33602		
		francis.barram@ensight.sol	City/State and Zip Code utions to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Francis Ban	ram		480 702-7022 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
S25.00 1	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:

TO:

Registration Section

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

Ensight USA, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L19000051965	were filed on 28 February 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	_C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	401 East Jackson Street, Suit	.e #3300
Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33602	
Enter new mailing address, if applicable:	401 East Jackson Street, Suit	te #3300 🔂
Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33602	1 1 - 1 - 171
 If amending the registered agent and/or registered or egistered agent and/or the new registered office address her 		ds, enter the name of the
Name of New Registered Agent:		·
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ress
	 ,,,,,,	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
AP	Lawrence Pasetti		🗖 Add
		6005 Benjamin Road Tamp, Florida 33634	Remove
			Change
			□ Add
			□ Remove
			☐ Change
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an ef lote: ocun	tive date, if other than the date of filing: 30 507 17 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
an ef lote: ocun	fective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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an ef lote: locum e re The	Tective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00