

MI3000008018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

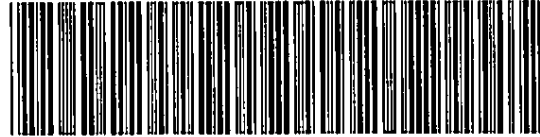
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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18 MAR 12 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAR 14 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Epiq Bankruptcy Solutions, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shiloh White  
Name of Person

Epiq  
Firm/Company

501 Kansas Avenue  
Address

Kansas City, KS 66105  
City/State and Zip Code

swhite@epiqglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shiloh White at (913) 621-9528  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Epiq Bankruptcy Solutions, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000008018

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: December 18, 2013

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Epiq Corporate Restructuring, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

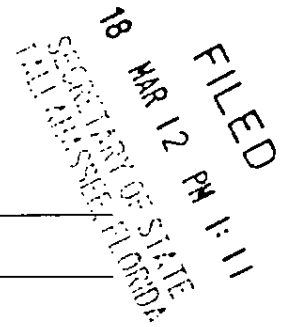
*Enter Florida Street Address*

\_\_\_\_\_, 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



7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Shiloh White  
Signature of the authorized representative

**Shiloh White**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
18 MAR 12 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

FILED  
18 MAR 12 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
December 7, 2017.

A handwritten signature in black ink, appearing to read "Brendan Fitzgerald", written over a horizontal line.

Brendan Fitzgerald  
Executive Deputy Secretary of State



Division of Corporations,  
State Records and  
Uniform Commercial Code

171121000 6/6

New York State  
Department of State  
DIVISION OF CORPORATIONS,  
STATE RECORDS AND  
UNIFORM COMMERCIAL CODE  
One Commerce Plaza  
89 Washington Ave.  
Albany, NY 12231-0001  
www.dos.ny.gov

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF ORGANIZATION  
OF

EPIQ BANKRUPTCY SOLUTIONS, LLC

*(Insert Name of Domestic Limited Liability Company)*

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Epiq Bankruptcy Solutions, LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

Bankruptcy Services LLC

SECOND: The date of filing of the articles of organization is: July 11, 1995

THIRD: The amendment effected by this certificate of amendment is as follows:

The subject matter and full text of each amended paragraph must be stated.

FOR EXAMPLE, a certificate of amendment changing the name of the limited liability company would read as follows:  
Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:

FIRST: The name of the limited liability company is (...now name...).

Paragraph FIRST of the Articles of Organization relating to  
the name of the Company

is hereby amended to read as follows:

"FIRST: The name of the limited liability company is Epiq Corporate Restructuring, LLC"

6/6

x Shiloh White  
(Signature)

Shiloh White

(Type or print name)

Capacity of Signer (Check appropriate box):

☐ Member

☐ Manager

☒ Authorized Person

RECEIVED

2017 NOV 21 PM 2:04

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF ORGANIZATION  
OF

EPIQ BANKRUPTCY SOLUTIONS, LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

2017 NOV 21 PM 2:30

FILED

Filer's Name and Mailing Address:

Shiloh White

Name:

Epiq Bankruptcy Solutions, LLC

Company, if Applicable:

501 Kansas Avenue

Mailing Address:

Kansas City, KS 66105

City, State and Zip Code:

NOTES:

1. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at [www.dos.ny.gov](http://www.dos.ny.gov).
2. This form was prepared by the New York State Department of State for filing a certificate of amendment for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only.)

STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED

NOV 21 2017

TAX S  
BY:

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Page 2 of 2