L09000084508

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TO:

TO: Registration Division of	n Section Corporations		
SPLIT SUBJECT:	ENDS, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	espondence concerning this matter	r to the following:	
	JOSE R. OLACIO		
		Name of Person	
		Firm/Company	
	920 N.W. 36TH STREET		
	MIAMI, FL 33127	Address	
	OLACIO03@GMAIL.CO	City/State and Zip Code	
For further informati	E-mail address: on concerning this matter, please of	(to be used for future annual report notification)	
JOSE R. OLACIO	on concerning this matter, prease of	305 321-9855	
Name of Person		Area Code Daytime Telephone Number	_
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	e □ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certified Copy (additional copy is	Status &
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPLITENDS, LLC			. ^3
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	,
The Articles of Organization for this Limited Li Horida document number L09000084508	ability Compar	ny were filed on 09/01/2009	and assigned
his amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited lia	ability company here:	
he new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regent and/or the new registered office addres	egistered office s here:	e address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	
		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>	Name	<u>Address</u>	Type of Action
MGR	CARLOS J. BALBUENA	920 N.W. 36TH STREET	□∧dd
		MIAMI, FL 33127	■Remove
			□ Change
			□Add
			□Remove
			□Change
		<u></u>	□∧dd
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A <u>.u</u> 11 ...12.23 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 atober 13 Signature of a member or authorized representative of a member JOSE R. OLACIO

Typed or printed name of signee