Florida Department of State

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A. LUNT

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FAX COVER SHEET

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COMPANY		
FAX NUMBER	18506176383	
FROM	Ani Muradian	
DATE	3/31/2011 2:23:33 PM PDT	
RE	ENTOENDEAVORS LLC 500354186	

COVER MESSAGE

Ani Muradian | Business Special Filing Specialist
323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com
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COVER LETTER

Division of Corp					
SUBJECT: ENTOEN	DEAVORS LLC				
SOURCE,		nited Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	dence concerning this matte	r to the following:			
	Barbara Dang				
		(Name of Person)		20	
	Legalzoom.com, Inc) ,		2011 APR	to Alphop
		(Firm/Company)		, 3g	eraction.
	100 W. Broadway S	uite 100	५४% है। दक्षिण राज 189 ना	-	egh/hant sch
		(Address)	177 e 7	=	
	Glendale, CA 91210)		 2	il Vagyyer
		(City/State and Zip Code)	Wegine g [™] d ad	ดห	
For further information co	noerning this matter, please	call:		•	
Barbara Dang		at (323) 962-8600			
(Name of	Person)	(Area Code & Daytime	Telephone Number)	•	
Enclosed is a check for the	following amount				
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &	.
Registrat	NG ADDRESS: tion Section of Corporations	STREET/COURIE Registration Section Division of Comorati	R ADDRESS:		,

P.O. Box 6327 Tallahassoc, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ENTOENDEAVORS LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liabi	lity Company were filed on 01/31/2011	and assigned
Florida document number L11000012506		
	······································	Z011
This amendment is submitted to amend the following	ing:	ZOII APR
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the design	nation "LLC" or the abbreviation
"L.L.C."		
		-r·
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Enter Florida s	reel address)
	(Enter Florida si	•
	,	ree! address) ride (Zip Code)
New Registered Office Address:	(City), Flor	rida
New Registered Office Address:	(City), Flor	rida
New Registered Office Address: New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.	(City) Stered Agent: gent and agree to act in this capacity. I fur	(Zip Code) (Zip Code) ther agree to comply with
New Registered Office Address: New Registered Agent's Signature, if changing Registered agent the appointment as registered agent the provisions of all statutes relative to the prop	(City) Stered Agent: gent and agree to act in this capacity. I furlier and complete performance of my duties,	ride(Zip Code) (Zip Code) ther agree to comply with and I am familiar with and
	(City) stered Agent: gent and agree to act in this capacity. I furiver and complete performance of my duties, and agent as provided for in Chapter 608, Fistered office address, I hereby confirm that	ride (Zip Code) (Zip Code) ther agree to comply with and I am familiar with and S. Or, if this document is

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action Title Address Name 151 SWAN'S NEST CIRCLE ☐ Add MGRM DUNFORD, JAMES Remove MELROSE FL 32666 US D Add ☐ Remove ☐ Add Remove □Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ______ 2011 Dated . Signature of a member or authorized representative of a member Kelly Dunford

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00