L10000007275

(Re	questor's Name)	
(Ad	dress)	<u>, , , , , , , , , , , , , , , , , , , </u>
(Ad	dress)	
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT:	Labrys	Capital Group			
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:	•		
		Ilian Obregon			
		Name of Person			
	Firm/Company				
	1	287 West 39th Place			
		Hialeah, FL 33012			
		City/State and Zip Code			
	ilianobreg E-mail address: (on@guardianendeavors.co to be used for future annual report notif	om ication)		
For further information of	concerning this matter, please of	eall:			
	an Obregon	at (786) Area Code & Daytim	586-9498		
Name	11 1 615011	Alea Code & Dayini	relephone Number		
Enclosed 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	Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n ·		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 SEP -6 PH 12: 22

IALLAHASSEE, FLORIDA

Labrys Cap (Name of the Limited Liability Compar (A Florida Limited L	ital Group LLC To a sit now appears on our records iability Company)	ALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document numberL10000007275	were filed on01/20/201	0 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:		
Guardian Ende	avors, LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	990 Biscayne Boulevard #	502	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	990 Biscayne Boulevard #	502	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33132	<u> </u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, en	iter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
	Enter rioriaa street aaaress		
	, Florid	Zip Code	
	un,	LIP COUL	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u> </u>			П р
<u>_</u>			
			AddRemove
·			□D
			TD amous
	-	ge(s) here: (Attach additional sheets, if necessary)	
	Change the current address of MGR		
	lew Address- 990 Biscayne Blvd #5		
<u>C</u>	Old Address- 1287 West 39th Place	Hialeah, Florida 33012	SEP
_			-6 PM
ated	Septemember 1 , 20		PH I2: 22 FLORIDA
	Signature of a member	r or authorized representative of a member	
	Signature of a membe	. or damonized representative or a member	

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Filing Fee: \$25.00