L10000112958

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SECRETARY OF CORE STATION OF THE PROPERTY OF T

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Endeavo	or Capital, South LLC		
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kurt Stenhouse		
		(Name of Person)	
	Endeavor Capital, I	· · · · · · · · · · · · · · · · · · ·	
	Elideavoi Capital, i	(Firm/Company)	
		,	
	404 South Huntingt	ton Avenue	
		(Address)	
	Boston, MA 02130		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Kurt Stenhouse		at (617) 971-9700	
(Name o	of Person)	(Area Code & Daytime T	Telephone Number)
·			
Enclosed is a check for th	e following amount:		
☑ \$25.00 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: 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

SECRETARY OF MALE DIVISION OF CORRECTATION:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 DEC -1 AM 10: 15

Endeavor C (Name of the Limited Liability (A Florida	Capital, South LLC TY Company as it now appears of Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number <u>L10000112958</u>	Company were filed on Octob	er 28, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	·	
	(Enter	Florida street address)
	(City)	, Florida
	(Ciiy)	(Lip 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM	1 = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGR</u>	Max Mazzone	c/o Gulfshore Capital Partners 2338 Immokalee Rd. #149 Naples, FL. 04110	Add ☑ Remove
			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If ar		ter change(s) here: (Attach additional sheets, if necessary.)	SECRETAR IVISION OF C 10 DEC - I
			Y OF STATE CORPORATION AM 10: 15
Dated _	11/22/	, <u>2010</u> .	— — — — — — — — — — — — — — — — — — —
	Signature of	f a member or authorized representative of a member	
	Kurt Stenho	Ouse, Manager Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00