

L12000114501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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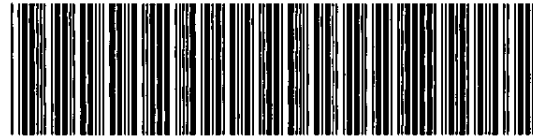
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 17 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENDLESS FAVOR LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT BELLAMY

Name of Person

WELLCITY

Firm/Company

1242 OLD HILLSBORO ROAD

Address

FRANKLIN, TENNESSEE 37069

City/State and Zip Code

rbellamy@wellcity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNEST SZARWARK

Name of Person

at (**615**)

496-2256

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 SEP 14 AM 10:18

ENDLESS FAVOR LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/06/2012 and assigned
Florida document number L12000114501.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ROBERT BELLAMY c/o WELLCITY

1242 OLD HILLSBORO ROAD

FRANKLIN, TENNESSEE 37069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ROBERT BELLAMY c/o WELLCITY

1242 OLD HILLSBORO ROAD

FRANKLIN, TENNESSEE 37069

B. If amending the registered agent and/or registered office 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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Bellamy	ROBERT BELLAMY c/o WELLCITY 1616 WESTGATE CIR, SUITE 205 BRENTWOOD, TENNESSEE 37024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert Bellamy	ROBERT BELLAMY c/o WELLCITY 1242 OLD HILLSBORO ROAD FRANKLIN, TENNESSEE 37069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated September 10, 2012

Ernest Szarwark
Signature of a member or authorized representative of a member

ERNEST SZARWARK

Typed or printed name of signer