L12000156664

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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

ENDURANCE FUND 6 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:

BRANDEN GRIMSHAW

Name of Person

ENDURANCE FUND 6 LLC

Firm/Company

1029 N FLORIDA MANGO #14

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

JWEBBPBC@GMAIL.COM

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

For further information concerning this matter, please call:

JACOB WEBB

561₄₄₄-2169

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENDURANCE FUND 6 LLC

(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	ty Company were filed on 12/17/2012	and assigned
Florida document number L12000156664	·	SECRETARY IVISION OF CO 13 MAR 20
This amendment is submitted to amend the following	g:	20
A. If amending name, enter the new name of the	limited liability company here:	OF STATE
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company." the desig	nation "LLC" or the sobreversion
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
<u> </u>		orida
	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>	Address	ype of Action
MGR	ENDURANCE FUND 1 LLC	1029 N FLORIDA MANGO #14	Add
		WEST PALM BEACH, FL 33409	Remove
MGR	ENDURANCE CAPITAL MANAGEMENT LLC	1029 N FLORIDA MANGO #14	Add
		WEST PALM BEACH, FL 33409	Remove
			SECRETARY OF STATE SECRETARY OF STATE AND SECRETARY OF STATE Remove Remove
			Add Remove
			Add Remove

107/2013.
BGm
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE ONS DIVISION OF CORPORATIONS