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COVER LETTER

SUBJECT:		.C, a Florida limited liability compa	any
	Name of Lim	aited 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:	
	Nic	ota L. Zagarolo, Esq.	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Nice	ola L. Zagarolo & Associates, PA	
		Firm/Company	
	380	0 NE Third Avenue	
		Address	
	Pon	npano Beach, FL 33064	
		City/State and Zip Code	
		agarolo@gmail.com	
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Nicola L. 2	Zagarolo, Esq.	954 786-036	
Name of	Person	at () Area Code Daytimo	: 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:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

21 HAY 17 PM 2: 56 Endeavor 2013, LLC

(A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
he Articles of Organization for this Limited Liab	bility Company were filed on and assigned and assigned
orida document number L13000092678	 ·
nis amendment is submitted to amend the following	ving:
. If amending name, enter the new name of th	he limited liability company here:
ie new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicabl	ole:
Principal office address MUST BE A STREET A	ADDRESS)
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BO	<u> </u>
If amonding the project and agent and/or and	internal office address as a second of the s
ent and/or the new registered office address h	istered office address on our records, <u>enter the name of the new regist</u> o <u>here</u> :
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address **Type of Action** Title Name 6620 Indian Creek Drive, Apt 514, Miami, FL 33141 MGR Samy M. Holdings, LLC **■**Remove 6620 Indian Creek Drive, Apt 514, Miami, FL 33141 Samy Murciano MGR ■Add _____ □Remove _____ □Remove _____ Change _____ □Add _____ □Change □Remove _____ □Change _____ □Add _____ □Remove

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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0207 (
he record specifies a delayed effective date, but not an effective time, at 12 ord is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 12 2021	
1 ml _	
Signature of a member or authorized repr	resentative of a member

Typed or printed name of signee