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COVER LETTER

Registration Section

Division of Corporations

TO:

	1 Hardwoods LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stewart Lang		
		Name of Person	
	Mainstream Hardwoods L	LC	
		Firm/Company	
	1291 N. US Hwy 1, Suite	3	2020 SEP 10
		Address	
	Ormond Beach, FL 32174		2000 TO
		City/State and Zip Code	
	sales@enndure.com		<u> </u>
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please c	all:	, '
Stewart Lang		407 408-1972 at ()	
Name o	f Person	Area Code Daytime Telephone N	umber
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee, 1	FL 32314	2415 N. Monroe Street, Su	iite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mainstream Hardwoods LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
Fhe Articles of Organization for this Limited Liability Company were filed on	09/08/2016 and assigned
Florida document number L16000167674	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
Enndure LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	207
Principal office address MUST BE A STREET ADDRESS)	SF
	P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	200
B. If amending the registered agent and/or registered office address on or	ir records, <u>enter the name of the new reg</u> i
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	. Florida

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
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n effective date is listed, the date m	ne date of filing:	(optional) c of filing or more than 90 days after filing.) Pursuant to 60	05.0
eument's effective date on the	block does not meet the applicable st	tatutory filing requirements, this date will not be lis	ted
record specifies a delaye The 90th day after the re	ed effective date, but not an i	effective time, at 12:01 a.m. on the earl	ier
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