# 4600200401

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(Cit	ry/State/Zip/Phone	e #)
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S. YOUNG

## COVER LETTER

11/16/16

TO:	Registration Ser Division of Corp			11/10/10	
SUBJE	ct: <u>Namu C</u>	Mange of LC, Name Name of Lim	Change of owner, Cha	nge of adduss. E	ndulgedill
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspon	ndence concerning this matter	to the following:		
		<u>Diana Ca</u>	taling Marin Hoy Name of Person	20	
		-	Indulged me		TALL SECTION
		370 1918	St STREET SURMISIC	s Beach, 33.160.	TE NOV 17 PM 3: 05
		Sunny I	Stes Beach, FL 33161 City/State and Zip Code	0	PM 3: 0
			Design @ amail_com to be used for further annual report noti	fication)	
For furt	her information co	oncerning this matter, please c	all:		
Di	CMG C MC Name of	<del></del>	at (646) 420 ( Area Code Daytim	0509 e Telephone Number	
Enclose	d 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 St Certified Copy (additional copy is e	atus &

#### **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

Endulged, LCC	,	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000202601</u> .	were filed on [1[3] 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi		abbreviation "L.L.C."
Enter new principal offices address, if applicable:	330 191St Street Sunny Isles Beach,	
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach	FL 33160=
Enter new mailing address, if applicable:		NOV 17
(Mailing address MAY BE A POST OFFICE BOX)		3 3
D. If amounting the projectional around and/on projectional at		3 GE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del> </del>	, Florida	Zip Code
	Chy	Lip Coue

#### 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed f	Authorized Person(s) authorized to man from our records:	nage, enter the title, name, and address of each	person being added
MGR = Ma	anager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Diana M Hoyos		Add
			□ Remove
			Change
AMBR	Diana C Marin Hoyos.	330 191St STREET, sonnysks Beach	3160 Add
			☐ Remove
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Current Information		New Informa	thon
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Page 3 of 3

Filing Fee: \$25.00