

L17000137854

7/26/2017

From: Larson Accounting 1.321.888.4913 Wed Jul 26 14:49:39 2017 MDT Page 1 of 7
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES-LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: consulting@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENDART SERVICES LLC

Certificate of Status	0
Certified Copy	0
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S. WARREN

JUL 27 2017

DocuSign Envelope ID: D011966C-4237-4B89-93BC-9A38331F264D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDART SERVICES 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

consulting@larsonacc.com

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

For further information concerning this matter, please call:

CAROLINE LARSON

407

3703686

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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

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

ENDART SERVICES 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 Company were filed on 06/26/2017 and assigned
Florida document number 1.17000137854.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

New Registered Office Address:

7901 KINGSPONTE PKWY STE 17

Enter Florida street address

ORLANDO

Florida

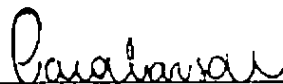
City

32819

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 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	NO CHANGES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO CHANGES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO CHANGES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO CHANGES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO CHANGES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO CHANGES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 26 2017
11:51
STATE OF FLORIDA

10

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 filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b), this date will not be listed as the effective date of filing requirements.

- DocuSigned by:

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17 JUL 26 AM 11:52
FBI - NEW YORK