## 117000221764

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## **COVER LETTER**

TO:

FO: Registration Se Division of Cor				
	OR ACQUISITIONS., LLC			!
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARK WARDA			
		Name of Person	<del></del> <del>.</del>	
	LAND TRUST SERVICE	CORPORATION		
Firm/Company				
	PO BOX 186			
		Address	<del></del>	
	LAKE WALES, FL 33859			
	MARK@WARDA.NET	City/State and Zip Code		
		to be used for future annual report n	otification)	
For further information c	oncerning this matter, please c	•	omicación)	
MARK WARDA		863 678-0011	70	:-
Name o	f Person	at ()	ime Telephone Number	,,
			اب ،	•
Enclosed is a check for the	ne following amount:			j
■ \$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/COUI Registration Sec Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle	

## TO ARTICLES OF ORGANIZATION OF

ENDEAVOR ACQUISITIONS,, 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 and assigned L17000221764 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ENDEAVOR ACQUISITIONS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: 1,2 Name of New Registered Agent: 10 New Registered Office Address: Enter Florida street address , Florida Cirv 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

## MGR = Manager AMBR = Authorized Member <u>Name</u> Type of Action **Title Address** □ Add \_□ Remove \_□ Change \_□ Aˈdd \_□ Remove \_□ Change \_□ A<mark>đ</mark>d \_□ Remove ☐ Change \_□ Add <u>~~</u>□ Remove □ Change 2 □ Add: Ŋ □ Remove □ Change \_□ Add \_□ Remove \_□ Change

or removed from our records:

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E. Effect	ive date, if other than the date of filing:	(optional)	J	4 .
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than a lift the date inserted in this block does not meet the applicable statutory filing requires	90 days after thing. ements, this date	) Pursuant to will not be	605.0207 (3)(f listed as the
docun	nent's effective date on the Department of State's records.	•	<del>ر</del> 	
f the rea b) The	cord specifies a delayed effective date, but not an effective time, a 90th day after the record is filed.	t 12:01 a.m.	on the ea	rlier of:
Dated	OCTOBER 26 2017			
	Signature of a member or authorized representative of a men	ıber		.
		<del></del>		
	MARK WARDA, AUTHORIZED REPRESENTATIVE			
	Typed or printed name of signee	<del>.</del>		· 1

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Filing Fee: \$25.00