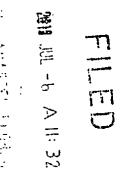
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
ENDO SE	ERVICES LLC			
SOBSTACT:	Name of Lin	aited Liability Company		
	Amendment and fee(s) are sub	J		
	YAN VALDES			
		Name of Person	6.0	
	VALDES CPA & ADVIS	ORS	esep -	-17
		Firm/Company		der reporter
	848 BRICKELL AVE. SI	JITE 625	-6 /	[1]
		Address	> =	
	MIAMI, FL, 33131			
	yvaldes@valdescpa.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
VALDES CPA & ADV	ISORS	305 517-3309		
Name o	of Person		: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
МАП	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company were filed on 05/21/2018				
	The Articles of Organization for this Limited Liability Company were filed on 05/21/2018			
Florida document number L18000127150				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	C" or the abbre	eviation "L.	L.C."	
Enter new principal offices address, if applicable:	<u> </u>	[25] 		
(Principal office address MUST BE A STREET ADDRESS)	3		Ţ.	
		<u>+</u>		
	; . [் _	1 :	
Enter new mailing address, if applicable:		<u>></u>		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	π		
		22		

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	RAQUEL A CHOCRON PINTO	19111 NE 8TH CT, MIAMI, FL, 33179	■ Add
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			Change
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			☐ Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the December 1.	be specific and o ock does not me	cannot be prior to eet the applical	date of filing or	more than 90 days	(optional) s after filing.) F s, this date w	Pursuant to 60: ill not be list	5.020 ted as
e record specifies a delayed The 90th day after the reco	effective da ord is filed.	ate, but not	an effective	e time, at 12:	01 a.m. or	n the earli	его
JUNE 28th	,	2018	- ·				
£	<u></u>						

Page 3 of 3

Filing Fee: \$25.00