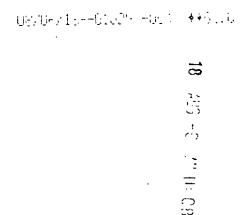
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AUG 1 1 2018

S. PRATHER

COVER LETTER

TO: Registration S Division of Co			
BARRE I	ROOM, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JASON D. SLATER		
		Name of Person	
	ROSSWAY SWAN TIEF	RNEY BARRY LACEY AND OLIV	ER P.L.
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2101 INDIAN RIVER BO	DULEVARD	
	-	Address	
	VERO BEACH, FL 3296	0	
		City/State and Zip Code	
	JSLATER@ROSSWAYS	WAN.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
ALEXANDRA RADU	<u></u>	772 2314440	
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)
MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:

TO:

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

BARRE ROOM, 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 JULY 19, 2018 Florida document number L18000174313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ENDORPHOSIS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C." 8102 KENWOOD ROAD Enter new principal offices address, if applicable: FT. PIERCE, FL 34951 (Principal office address MUST BE A STREET ADDRESS) 8102 KENWOOD ROAD Enter new mailing address, if applicable: FT. PIERCE, FL 34951 (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: New Registered Office Address:

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

Enter Florida street address

, Florida

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>	Type of Action
AMBR	AMY SVENSSON	8102 KENWOOD ROAD	
		FT. PIERCE, FL 34951	Remove
			Change
AMBR	KELLY WARNER	8102 KENWOOD ROAD	■ Add
		FT. PIERCE, FL 34951	Remove
			Change
		<u> </u>	□ Add
			☐ Remove
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		(optional)
tive date, if other than the d	ate of filing:	
tive date, if other than the d	late of filing: be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605
etive date, if other than the diffective date is listed, the date must be If the date inserted in this blockment's effective date on the Dep	ck does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be list
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Filing Fee: \$25.00