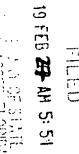
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: <u>En</u>	dory hitness Name of Limi	On the LLC ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hal	Plant y Name of Person	
		Firm/Company	
		Address	
	<del></del>	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
		at () Area Code Daytime	
Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a check for th	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L19000046374}{L19000046374}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Endorphitness Online LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the neess here:
registered agent and/or the new registered office address  Name of New Registered Agent:	
registered agent and/or the new registered office addro	
registered agent and/or the new registered office address  Name of New Registered Agent:	ess here:
registered agent and/or the new registered office address  Name of New Registered Agent:	Enter Florida street address  City  Zap Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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effective date is listed, in effective date is listed, in effective date inserted.	than the date of filing the date must be specific and d in this block does not r te on the Department of S	d cannot be prior to date neet the applicable st	of filing or more than	90 days after filing i	Pursuant to 605.02 rill not be listed
record specifies a ne 90th day after	a delayed effective or the record is filed.	date, but not an e	effective time, a	at 12:01 a.m. o	
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		member or authorized re			Si Si

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