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(Re	questor's Name)	_, .
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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JAN 13 2021 I ALBRITTON

### **COVER LETTER**

Division of Cor	porations		
SUBJECT: ENC	licss Exter	ntions:	-
	Name of Limit	ted Liability Company	**
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Nicole	PORY	
		Name of Person	
		Firm/Company	
	400 NW 185	th tepparo	
	100111100	Address	<del></del>
	Mlami, Fl	33109	
	NICOLEPO.  E-mail address: (to	City/State-and Zip Code  City/State-and Zip Code  City/State-and Zip Code  City/State-and Zip Code	ist net
For further information co	oncerning this matter, please ca	11:	
Kerin Jean	n Baptiste	a,305, <u>(019</u> -	-3483
Name of	rerson	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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)

Registration Section

TO:

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Endless Extentions, 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 00/02/2020 and assigned Florida document number L20000150072 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
		🗀 Remove	
			□Change
			□Remove
			□Change
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		□Change	
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		□ Change	
			□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record spec cord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Typed or printed name of signee

Filing Fee: \$25.00