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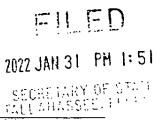


COVER LETTER

TO: Registration Division of C			
	Network LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jonathan Hearle		
		Name of Person	
	Endless Network LLC		
		Firm/Company	<u></u>
	1011 SW 74th Ave unit# 1	02B	
		Address	
	North Lauderdale FL 3306	68	
		City/State and Zip Code	
	endlessmrk@gmail.com		
For further information	E-mail address: (n concerning this matter, please o	to be used for future annual report not	ification)
Jonathan Hearle	in concerning this matter, prease of	985 640-1232	
	e of Person		ne Telephone Number
,vaiii	e of reison	Area Code Dayur	ne Telephone Number
Enclosed is a check fo	r 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration So	ection
_	Corporations	Division of Co	
P.O. Box 6	327	The Centre of	Tallahassee
Tallahassee	e, FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Endless Network 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 Compan	y were filed on 01/10/2022	and assigned
Florida document number 1.22000019733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	"" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addres	is
	, F1	orida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, a s provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Jonathan Hearle	1011 SW 74th Ave apt 102B North Lauderdale FL 336	0 _ ≣ Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
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an effe ote:	we date, if other than the date of filing: (optional) (optional) (in 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 and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record Lis file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	01/26/2022
-	a la offe de la
	Signature of a member or authorized consumation of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00