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

Registration Section

Division of Corporations

TO:

| | TO THE END LLC | | |
|------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | endence concerning this matter | to the following: | |
| | MUSTAFA, TYRELLE D | | |
| | | Name of Person | |
| | ENDURE TO THE END L | LC | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 603 CLUBHOUSE CT | | • |
| | | Address | |
| | JACKSONVILLE, FL 322 | 256 | |
| | | City/State and Zip Code | <u> </u> |
| | livingfree737@yahoo.com | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | all: | |
| MUSTAFA, TYRELLE | D | 904 662-6181 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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 S Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL | porations allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ENDURE TO THE END LLC | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| (Name of the Limited Liability Company as it no (A Florida Limited Liability C | ow appears on our records.) ompany) |
| The Articles of Organization for this Limited Liability Company were file | ed on $\frac{01/13/2023}{}$ and assigned |
| Florida document number 1.23000027759 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability con | npany here: |
| The new name must be distinguishable and contain the words "Limited Liability Compa | any." the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 20. |
| Principal office address MUST BE A STREET ADDRESS) | بن ت: |
| | |
| | 120 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | <u>.</u> |
| Malling dadress MAT BE A POST OF FICE BOX | |
| B. If amending the registered agent and/or registered office address | on our records, enter the name of the new regi |
| egent and/or the new registered office address here: | on our records, enter the name of the new reg. |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| 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 |
|--------------|-----------------|------------------------|----------------|
| MGR | WINTER, TYLER M | 12848 DUNN CREEK RD | □Add |
| | | JACKSONVILLE, FL 32256 | ■Remove |
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| effective date is listed, the date m | ust be specific and cannot be prior to do block does not meet the applicable Department of State's records. | late of filing or more than 90 days | optional) after filing.) Pursuant to 605.02 s, this date will not be listed |
| ord specifies a delayed effect filed. | ive date, but not an effective time, | , at 12:01 a.m. on the earlier o | of: (b) The 90th day after th |
| d May 19th | 2023 | | |
| | つ | | |
| | Signature of a member or authorize | | |

Filing Fee: \$25.00