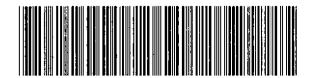
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COVER LETTER

TO:

TO: Registration So Division of Cor		*	
SUBJECT:	EJR END	EAVORS LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EJR ENDEAVORS LLC Name of Limited Liability Company Tricles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Christian Costro Name of Person Firm/Company 7225 (rossroads Gordan Dr. # 4212 Address City/State and Zip Code 11x+11x12Lle ao 1. Con E-mail address: (to be used for future annual report notification) mattion concerning this matter, please call: Area Code Daytime Telephone Number 28 Section Status Certificate of Status Certificate of Status Certificate of Status Registration Section Registration Section Registration Section		
		Firm/Company	
	7225 (1005	Address	1212
	<u> </u>		
	11xtina E-mail address: (LL@aoi.com	نب یہ : —
for further information c	oncerning this matter, please ca	ali:	
Christina Name o	(astro		Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & — Certified Copy
Mailing Addres Registration S		· · · · · · · · · · · · · · · · · · ·	
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Tallahasse	
Tallahassee, I	FL 32314	2415 N. Monroe Street.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJR ENDEAVO		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300024011Q</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	,	o\2023 and assigned
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	70
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, e	nter the name of the new registered
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signa	ure 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	Jose L. Roman Martinez	7225 Crossroads Gorden Dr.	⊠ Add
		7225 Crossroads Gorden Dr. Huziz Orlando FL 32821	□Remove
			□Change
		···	□Add
			□Remove
			Change
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	date will not be li	sted as t
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