L23000213456

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration A. Siling Officer				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: MG/	Holdings Endeavor Two 1070 Cons	veSt, LLC
	Colored to the colore	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Name of Person	
	311Leng Aver S. Endeavor, Ll	-C
	4095 Sothern BLVD #207	
	West Pulm Beach, FL 334	06 3
	Gity/State and Zip Code Gary NO Preferred Cabling E-mail address: (to be used for future annual report notification)	2000
For further information c	concerning this matter, please call:	
	$\frac{\sqrt{2600} - \sqrt{560}}{\sqrt{200}} = \frac{\sqrt{560}}{\sqrt{200}} = \frac{\sqrt{560} + \sqrt{5600}}{\sqrt{200}} = \frac{\sqrt{5600}}{\sqrt{2000}} = \sqrt{56$	AH 9: 43
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed) — Certified	e of Status &

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

MGN Hollings Endeavor / (Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	(milyan)
The Articles of Organization for this Limited Liability Company were fill Florida document number $\underline{L23600273488}$.	led on $\frac{66/06/2023}{2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con- The new name must be distinguishable and contain the words "Limited Liability Com-	mpany here: nany," the designation "LLC" or the abbreviation "L.L.C."
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) ———————————————————————————————————	720 11 10 10 10 10 10 10 10 10 10 10 10 10
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	FloridaZip Code
Ci.	y Zar Coac

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 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

Title	<u>Name</u>	Address 1	'ype of Action
			_□Add
			_ □Remove
			_ □Change
			_ □Add
			Remove
			_ □Change
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