

L23000056887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

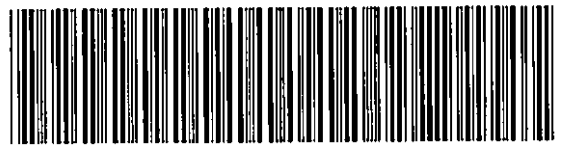
(Business Entity Name)

(Document Number)

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4/3/23
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RECEIVED
2023 APR -3 AM 10:40
FILED
2023 APR -3 PM 4:39
ALLAHASSI
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

OBJECT: Endurance Enterprise of Tallahassee
Name of Limited Liability Company

Enclosed Articles of Amendment and (fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Chambers
Name of Person

Endurance Enterprise of Tallahassee
Firm/Company

9556 Apache Parkway
Address

Tallahassee, FL
City/State and Zip Code

disneyfan72@gmail.com
E-mail address (to be used for future annual report notification)

Other information concerning this matter, please call:

Rebecca Chambers at (407) 467-4904
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$15.00 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 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

Endurance Enterprise of Tallahassee LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 2/7/2023 and assigned
document number L23000056887

amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS)

9556 Apalachee Parkway
Tallahassee, FL 32311

new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Rebecca Chambers

New Registered Office Address:

9556 Apalachee Parkway
(Enter Florida street address)

Tallahassee, Florida 32311
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.

Rebecca Chambers

Changing Registered Agent, Signature of New Registered Agent

FILED
2023 APR - 3 PM 4:39
CLERK OF STATE
TALLAHASSEE, FL

...ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

M = Manager

AMR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Junwei Lu</u>	<u>9556 Apalachee Parkway</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32311</u>	<input type="checkbox"/> Change
MGR	<u>Rebecca Chambers</u>	<u>671 W Cadillac Dr</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs FL</u>	<input type="checkbox"/> Remove
		<u>32714</u>	<input checked="" type="checkbox"/> Change
AMBR	<u>Vincet Claviazso</u>	<u>59 Randolph Dr</u>	<input type="checkbox"/> Add
		<u>Palm Coast FL 32164</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: 4/3/2023 (optional)

If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record 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 document is filed.

Dated 4/3/2023

Rebecca Chambers
Signature of a member or authorized representative of a member

Rebecca Chambers
Typed or printed name of signee