## L13000015734

| (Requestor's Name)                      |                     |                 |  |  |
|---|---------------------|-----------------|--|--|
| (Address)                               |                     |                 |  |  |
| (Address)                               |                     |                 |  |  |
| (City/State/Zip/Phone #)                |                     |                 |  |  |
| (Cit                                    | .y/Otate/21p/F11one | <del>, π)</del> |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL            |  |  |
| /Bi                                     | isiness Entity Nan  | ne)             |  |  |
| <i>\U</i>                               | omoso Emily Man     | , co            |  |  |
| (Document Number)                       |                     |                 |  |  |
| Certified Copies                        | Certificates        | of Status       |  |  |
| Special Instructions to Filing Officer: |                     |                 |  |  |
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Office Use Only



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13 FEB -4 PH 4-42

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2013 FEB -4 AM 9: 57
SECRETARY OF STATE

FEB - 5 2013 J. BRYAN

\*\*CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Guareinteed Success          | LLC          |              | MIBEB-4 M 9: 57 TALLAHASSEE, FLORIDA  |
|------------------------------|--------------|--------------|---|
|                              |              |              | Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark                       |
|                              |              |              | Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy     |
|                              |              |              | Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search |
| Signature                    |              |              | Fictitious Owner Search  Vehicle Search  Driving Record   |
| Requested by: <sub>ban</sub> | 2-04<br>Date | _ pm<br>Time | UCC 1 or 3 File UCC 11 Search   |
| Walk-In                      | Will Pick (  | Up           | UCC 11 Retrieval  Courier   |

## **COVER LETTER**

| SUBJECT:  | Guardinte  | ed Success LLC              |   |  |  |  |
|---|--|-----------------------------|---|--|--|--|
|   | Name of Limi   | ted Liability Company       |   |  |  |  |
|   |  |                             | _   |  |  |  |
| The enclosed Articles of A  | mendment and fcc(s) are sub  | mitted for filing.          | ANJEEB-4 M. 9: 57 SECRETARY OF STATE TALLAHAS SEE, FLORIG |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |                             | 至   |  |  |  |
|   |  |                             |   |  |  |  |
|   |  | Meir Ezra                   | Second To   |  |  |  |
|   | Name of Person   |                             |   |  |  |  |
|   |  |                             | 皇王  |  |  |  |
|   | Gua  | Or's                        |   |  |  |  |
|   | Firm/Company   |                             |   |  |  |  |
| 2110 Drew Street , Suite 200  |  |                             |   |  |  |  |
|   | Address  |                             |   |  |  |  |
|   |  | 1                           |   |  |  |  |
|   | Clearwater, Florida 33765  City/State and Zip Code   |                             |   |  |  |  |
|   |  |                             |   |  |  |  |
|   | meir@timemaker.org  E-mail address: (to be used for future annual report notification)                                   |                             |   |  |  |  |
|   |  |                             | meaton)   |  |  |  |
| For further information co  | ncerning this matter, please c   | all:                        |   |  |  |  |
| Jos   | efa Barros   | at (_727 <sub>.)</sub> 4    | 61-9799 x105  |  |  |  |
| Name of   |  |                             | ne Telephone Number                                       |  |  |  |
|   |  |                             |   |  |  |  |
|   | C. D   |                             |   |  |  |  |
| Enclosed is a check for the   | _  |                             |   |  |  |  |
| \$25.00 Filing Fee  | \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status |                             |   |  |  |  |
|   |  | (additional copy is enclose | d) Certified Copy   |  |  |  |
|   |  |                             | (additional copy is enclosed)                             |  |  |  |
|   |  |                             |   |  |  |  |
|   | NO ABBBBBB   |                             |   |  |  |  |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | Success LL(         |  |
|---|---------------------|--|
| (Name of the Limited Liability Com<br>(A Florida Limited  | pany as it now app  | cars on our records.)                            |
| The Articles of Organization for this Limited Liability Comparing L13000015734                                    |                     |  |
| This amendment is submitted to amend the following:   |                     |  |
| A. If amending name, enter the new name of the limited li   | ability company l   | nere:  |
| Guaranteed F  | Prosperity LLC      | , P  |
| The new name must be distinguishable and end with the words "Li "L.L.C."  | mited Liability Con | npany," the designation "LA For the abbreviation |
| Enter new principal offices address, if applicable:   |                     |  |
| (Principal office address MUST BE A STREET ADDRESS)   |                     | ight _ n   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                             |                     | CRIDA  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |                     | n our records, enter the name of the new         |
| Think of New Regimered Agent.   | <del></del> ,,      |  |
| New Registered Office Address:  |                     |  |
|   |                     | Enter Florida street address                     |
|   |                     | . Florida  |
|   | City                | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agen   | nt:                 |  |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** Wajed Salam 2110 Drew Street, Suite 200 ✓ Add Clearwater, Florida 33765 Remove Remove Remove U ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00