

L17000120919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

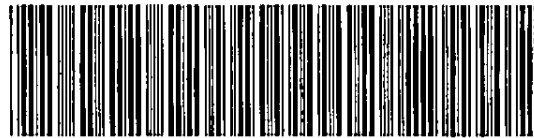
(Business Entity Name)

(Document Number)

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2017 AUG 31 PM 3:22  
STATE OF ALA.  
ATTORNEY GENERAL

K SALY  
SEP - 1 2017

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUCCESSFUL LIFE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELIX RIVERO  
Name of Person

LATINO TAX EDUCATION CENTER INC  
Firm/Company

100 S BISCAYNE BLVD. SUITE 3119 (THIRD FLOOR)  
Address

MIAMI, FLORIDA, 33131  
City/State and Zip Code

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

For further information concerning this matter, please call:

FELIX RIVERO at 305 310-0953  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

SUCCESSFUL LIFE LLC

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2017 AUG 31 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/02/2017 and assigned Florida document number L17000120919.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If 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:

LATINO TAX EDUCATION CENTER INC

New Registered Office Address:

100 S BISCAYNE BLVD, SUITE 3119

*Enter Florida street address*

MIAMI

City

Florida

33131

Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROSARIO G. TABOADA	1250 WEST AVE APT 7A	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL. 33139-4341	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 2011 AUG 31 PM 3:22  
 COUNTY OF MIAMI  
 CLERK OF COUNTY  
 MIAMI BEACH, FL 33139

