

8/1/22, 1:29 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L1900082257**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CKO CONSULTING AND TAX SERVICES LLC  
Account Number : I20220000100  
Phone : (321)366-0510  
Fax Number : (321)366-0511

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUCCESS EVENTS MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 AUG - 1 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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2022 AUG - 1 PM 2:45

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AUG 01 2022

K. Brumby

1/1

H22 000258980 3

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUCCESS EVENTS MANAGEMENT LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CRISTIANE OLIVEIRA SILVA

Name of Person

CKO CONSULTING AND TAX SERVICES LLC

Firm Company

1821 PLUMAS WAY

Address

ORLANDO - FL - 32824

City/State and Zip Code

CKOFINANCIALSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA

239

234 7415

at ( )

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

422 000 2589 803

SUCCESS EVENTS MANAGEMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/25/2019 and assigned  
Florida document number L 19000082257

This amendment is submitted to amend the following:

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

SUCCESS TECHNOLOGY LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

APPROVED  
AND

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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

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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>
AMBR	MAURICIO BROTO	6484 MAKRUT LIME DR	<input checked="" type="checkbox"/> Add
		WINTER GARDEN-FL-34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACQUES M ALVES	4976 MILLENIA GREEN DR	<input checked="" type="checkbox"/> Add
		ORLANDO-FL-32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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H22 000 2589 803

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

If the 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 record is filed.

Dated AUGUST 1ST, 2022

Norma H Tavares Pinto

Signature of a member or authorized representative of a member

NORMA H TAVARES PINTO

Typed or printed name of signee