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(((H230001654203)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : 120200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

\*\*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 1901 ALLAPATTAH LLC

Certificate of Status	0
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Help MAY 0 4 2023

From: Nathaly Cuartas

Fax: 19542450340

## To: Agent Amnd Florida Fax: (850) 617-6383

Page: 2 of 4 05/03/2023 11:27 AM
T 23000 | 654203

## TO ARTICLES OF ORGANIZATION OF

	ALLAPATTAH			
(Name of the Limite	d Linbility Comp A Florida Limited	anv as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number L21000008990	bility Company	were filed on	12/30/2020	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	oility company her	<u>ş</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the des	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	121 NE 34th St U	nit 1110	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33137		
Enter new mailing address, if applicable:		121 NE 34th St Ui	nit 1110	
(Mailing address MAY BE A POST OFFICE B	Miami, FL 33137			
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	ristered office a here: Oasis Private Re		ords, <u>enter the nar</u>	ne of the new registered
New Registered Office Address: 121 NE 34th St  Miami		11.5.110		<u>ω</u> ,
			street address	
			, Florida 33	137 0
		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.

Elliof Lee
If Changing Registered Agent, Signature of New Registered Agent

From: Nathaly Cuartas * Fax: 19542460340 II AMENGING AUTHORIZED PERSON(S) #	To: Agent Amnd Florida Luchor Izou to manago, s	Fax: (850) 617-6383	Page: 3 of 4	05/03/2023 11:27 AM	d
or removed from our records:		Hz	30001654	203	

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗀 Add
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			🗀 Add
			Remove
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			□Remove
			Change
			□Add
			Remove
			⊕Change

From: Nathaly Cuartas 🤺 🖰 Fax: 19542460340	To: Agent Amnd Florida	Fax: (850) 617-6383 Page: 4 of 4	), 05/03/2023 11:27 AM
D. If amending any other inform	nation, enter change(s) her	e: (Attach additional sheets, if necessa	ry.)
W			
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E. Effective date, if other than th	e date of filing. May 1 2023		
(If an effective date is listed, the date mi	ast be specific and cannot be prior plock does not meet the applica	(optional) to date of filing or more than 90 days after filing able statutory filing requirements, this date	1.0
If the record specifies a delayed effecti record is filed.	ve date, but not an effective tir	ne, at 12:01 a.m. on the earlier of: (b) Th	ne 90th day after the
Dated May 1	2023		
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<del></del>	Signature of a mamba are at	rized representative of a member	<del>-</del>
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	Oscar G		<del></del>

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