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EXAMINER

5-21454

## **COVER LETTER**

	ation Section n of Corporations		
SUBJECT:	SUCCESS MACAZINE INVESTAL EDUCATION LLC (Name of Limited Liability Company)		
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.		
Please return all o	correspondence concerning this matter to the following:		
	PETER WWE (Name of Person)		
	(Admit of Follow)		
	(Firm/Company)		
	RCHATON BEACH, FL 33426 (City/State and Zip Code)		
	BOYNTON BEACH, FL 33426 (City/State and Zip Code)		
For further inform	mation concerning this matter, please call:	2008 DEC SECRETA	
	(Name of Person) at (\$13) 205 - 08 40 (Area Code & Daytime Telephone Number)	五百二 五	
Enclosed is a chee	ck for the following amount:	2: 25 TATE JORIDA	
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &	

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

SUCCESS MACA	ZINE INVESTOR	touchton us	/		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appe ed Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Compa	any were filed on	MRCH 4, 2005	and	d assign	ned
Florida document number 805A000 15243		,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company ho	e <u>re</u> :			
WEALTH MAGAZINE INVESTOR EDU	CATIONUC				
The new name must be distinguishable and end with the words "L 'L.L.C."	imited Liability Com	pany," the designation	"LLC" or	the abbi	reviation
Enter new principal offices address, if applicable:			₹s_	20118	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	·····		<del>R</del>	
			ETARY HASSEI	3	***************************************
			RY	2	
Enter new mailing address, if applicable:			E OF	PH	ې سور د د د د د د د د د د د د د د د د د د د
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		TO T	<u>~</u>	- Alberta.
			555	25	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		our records, enter	the nan	ne of t	<u>he</u> new
Name of New Registered Agent:					
New Registered Office Address:					
	(1	Enter Florida street a	ddress)		
		, 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 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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
		·	Add
			Remove
			Add Remove
			A
			LOREDEC 22
			Add Remove 12:
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necess	
_			
_			
Dated	Dze. 18	705	
	Signature o	f a member or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00