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COVER LETTER

TO: Registration So Division of Cor				
	Гатра, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Katherine L. Smith			
		Name of Person		
	Kate Smith Law			
		Firm/Company		
	2639 Fruitville Road, Suite	e 103		202
		Address	<u>.</u> :	C
	Sarasota, FL 34237		. *	2021 JUN 25
		City/State and Zip Code		- + ,,
	Kate@KateSmithLawFL.co	_		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ineation)	: 28
Katherine L. Smith		941 952-0550		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Certificate o Certified Co (additional cop	f Status &
Mailing Addres		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anewu of Tampa, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 02/09/2009	and assigned
lorida document number L09000013514		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Success - It's A Wrap Tampa, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	2639 Fruitville Road, Suite	103
Principal office address MUST BE A STREET ADDRESS)	Sarasota, Florida 34237	20:
	<u> </u>	بىسىم
		78 2
nter new mailing address, if applicable:		Si ji
		P
Mailing address MAY BE A POST OFFICE BOX)		
		 න
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		FloridaZip Code
	~,	J

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing	option (option) re than 90 days after fil requirements, this d	al) ing.) Pursi ate will r	uant to 605.02
document's effective date on the Department of State's records.			
		TI 00.1	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or rd is filed.	n the carlier of: (b)	The 90th	n day atter ti
June 24 2021			
Dated Suite 24			
Signature of a member or authorized representative of	. C	_	

Filing Fee: \$25.00