

# L09000018892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

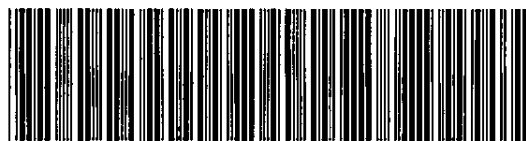
(Business Entity Name)

(Document Number)

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FILED

2014 JAN -6 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALT  
EXAMINER  
JAN 13 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SUCCESS INTERNATIONAL 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:

**JUAN REYES**

Name of Person

**SUCCESS INTERNATIONAL LLC**

Firm/Company

**1805 NW 97 AVENUE**

Address

**DORAL, FL. 33172**

City/State and Zip Code

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

For further information concerning this matter, please call:

**JUAN R REYES**

Name of Person

**954 980-0341**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**SUCCESS INTERNATIONAL LLC**

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

**FILED**  
2014 JAN -6 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/19/2013 and assigned  
Florida document number L09000018892.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1805 NW 97 AVENUE

DORAL, FL. 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1805 NW 97 AVENUE

DORAL, FL. 33172

**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:

MONICA REYES

New Registered Office Address:

1805 NW 97 AVENUE

*Enter Florida street address*

DORAL

, Florida 33172

*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.*

*Monica Reyes*  
If Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MONICA REYES	1805 NW 97 AVE	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33172	<input type="checkbox"/> Remove
MGRM	JUAN R REYES	4993 SW 163RD AVENUE	<input type="checkbox"/> Add
		MIRAMAR, FL. 33027	<input checked="" type="checkbox"/> Remove
MGRM	JUAN R REYES	1805 NW 97 AVENUE	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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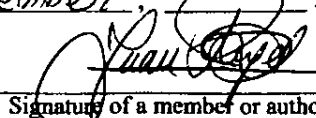
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Dated 19th day of December, 2013



Signature of a member or authorized representative of a member

**JUAN R REYES**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**