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D. BRUCE

APR 27 2011

EXAMINER

COVER LETTER

то:`	Registration S Division of Co		
			Success, L.L.C.
			ited Liability Company
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.
Please	return all corresp	ondence concerning this matte	r to the following:
			James F. McLeod
			Name of Person
		L	athrop & Gage, L.L.P.
			Firm/Company
			1845 S. National Ave.
			Address
			Springfield, MO 65804
			City/State and Zip Code
		jmo E-mail address: (eleod@lathropgage.com (to be used for future annual report notification)
For fur	ther information	concerning this matter, please	call:
	Ja	mes McLeod	at (417) 886-2000 STATE AND A
		of Person	Area Code & Daytine relephone Number
Enclose	ed is a check for t	the following amount:	IAIE
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	LING ADDRESS: ration Section on of Corporations Fox 6327 assee, 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, L.L.C		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apprinted Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Co	omnony word filed on	November 13, 200	9 and assigned
	ompany were med on _	14046111061 10, 200	and assigned
Florida document numberL09000109337	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company	<u>here</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Cor	mpany," the designation "	AND DESCRIPTION OF PERSONS ASSESSMENTS
Enter new principal offices address, if applicable:			26 P
(Principal office address MUST BE A STREET ADDR	ESS)		
			975 -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		n our records, enter	the name of the nev
registered agent and/or the new registered office addi	ress here:		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:		Enter Florida street add	Ivans
		Emer Fioriaa sireel aac	u vss
	City	, Florida	Zip Code
	City		гір Соае

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 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 Type of Action Title <u>Name</u> Address MGRM Got Destiny 2420 W. Brandon Blvd. ☐ Add √ Remove Brandon_FL_33511 W. Scott Garner Dr. MGRM ☐ Add 2420 W. Brandon Blvd. √ Remove Brandon, FL, 33511 **MGRM** Sara Garner 2420 W. Brandon Blvd. ☐ Add Brandon, FL, 33511 W. Scott Garner MGR 9907 Cypress Shadow Ave. Tampa, FL 33647 MGR Gloria Sara Garner √ Add 9907 Cypress Shadow Ave. Remove Tampa, FL, 33647 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March

Signature of a member or authorized representative of a member

W. Scott Garner

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00