## #1/0000028773

(Re	equestor's Name)			
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K. SALY EXAMINER JUL 6 2011



March 15, 2011

TOTAL SUCCESS LLC PAULO ROBERTO DE SOUZA 17570 ATLANTIC BLVD. #409 SUNNY ISLES BEACH, FL 33160

SUBJECT: TOTAL SUCCESS LLC Ref. Number: L10000028773

We have received your document for TOTAL SUCCESS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 911A00006266

## **COVER LETTER**

Division of Corpo	prations
SUBJECT:	Total Success LLC  Name of Limited Liability Company
The enclosed Articles of An	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	PAULO POBERTO DE SOUZQ.  Name of Person  Total Success IIIC
	Total Success LLC Firm/Company
	17570 ATLANTIC BLUD # 409 Address
	SUNNY ISLES BEACH FL 33160 City/State and Zip Code
	Oceanfront 30 0 6 mail. com E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
PAULO POB Name of Po	SERTO DE SOUZA at (786) 370-0356  Person Area Code & Daytime Telephone Number
Enclosed is a check for the t	following amount:
☑\$25.00 Filing Fee [	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING	G ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

11 JUL -5 AM 3:55

TOTAL S			SEGRETARY OF STATE
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it n a Limited Liability (	ow appears on our re Company)	cords.) TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number <u>L 10000 2877</u>		ed on MARCH	16, 2010 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability con	npany here:	

The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>		***************************************
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:	PAULO ROBER	TO DE SOUZ	. A
New Registered Office Address:	17570 ATLAN	ITIC BLVD H Enter Florida street add	
	SUNNY ISLES B	EACH , 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.

Hould Do herte ou 5 D Junion
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** Name <u>Address</u> BERNARDA TORRES 17570 ATLANTIC BLUD #409 Add BUNNY ISLES BEACH FI 33/60 Remove MERM VERONICA D. LASSO ATLANTIC BLUD # 409 Add MERM ISLES REACH FI 33/60 Remove MERM PAULO ROBERTO DE SOUZA 17570 ATLANTIC BVID #409 X Add SUNNY ISLES BEACH FI 33/60 Remove Add Remove  $\prod Add$ Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 8th 2011 Dated\_ Paule Peterte de SN Jermer Signature of a member or authorized representative of a member PAULO ROBERTO DE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00