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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
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T. CLINE
MAY 3 1 2011
EXAMINER

## **COVER LETTER**

| TO:           | Registration Section Division of Corporations   |  |           |
|---------------|---|--|-----------|
| SUBJE         |   |  |           |
|               | Name of Limited Liability Company   |  |           |
| The en        | closed Articles of Amendment and fee(s) are submitted for filing.   |  |           |
| Please        | return all correspondence concerning this matter to the following:  |  |           |
|               | Mar Gro M Bryan   |  |           |
|               | Mar Go M Bryan  Name of Person  Mar Go M. Bryan, LLC  Firm/Company  |  |           |
|               | 780 NE 69th St., Unit 402   |  |           |
|               | Miomi, FC 33138   |  |           |
|               | City/State and Zip Code  Moryon 12 @ mail. Com  E-mail address: (to be asset for future annual report notification) | 2011<br>SEC  |           |
|               | E-mail address: (to be used for future annual report notification)  | ARI)   | 7         |
| For fur       | her information concerning this matter, please call:  | AR<br>AR   | RESERVED. |
|               | Name of Person  Area Code & Daytime Telephone Number  | 2011 MAY 27 AM 10: 49 SECRETARY OF STATE ALLAHASSEE, FUORIDA |           |
|               |   | TE AGE   |           |
| Enclose       | d is a check for the following amount:  | •  |           |
| <b>⊡\$</b> 25 | (additional copy is enclosed) Certified C   | 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 And You 26  | $\subset$  |   |
|---|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our records.) Liability Company) |   |
| The Articles of Organization for this Limited Liability Company Florida document number 211000 43542.   |  | and assigned                                    |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited liab  Market M. Bryan LLC  The new name must be distinguishable and end with the words "Limited liab |  |   |
| The new name must be distinguishable and end with the words "Limi"L.L.C."   | ited Liability Company," the designation                 | "LLC" or the abbreviation                       |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | 780 NE CATA THE  | n<br>f. Unit 402                                |
| Trincipal office dualess MOOT DE TESTEDET TOO KEEDS   | Miomi, FC 33/38  | P'  |
| Enter new mailing address, if applicable:   | 1  | 2011 HA<br>SECRE                                |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | HASS  |
| B. If amending the registered agent and/or registered of  |  |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her                                      | tice address on our records, <u>enter</u><br><u>e</u> :  | RATE TO THE |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | Enter Florida street ac                                  | 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 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 = 1     | MGRM = Managing Member                |  |                |  |  |  |  |
|--------------|---------------------------------------|--|----------------|--|--|--|--|
| <u>Title</u> | <u>Name</u>                           | Address  | Type of Action |  |  |  |  |
|              |                                       |  | Add Remove     |  |  |  |  |
|              |                                       |  | Add Remove     |  |  |  |  |
|              |                                       |  | Add<br>Remove  |  |  |  |  |
| <del></del>  |                                       |  | Add<br>Remove  |  |  |  |  |
|              |                                       |  | Add Remove     |  |  |  |  |
|              |                                       |  | 2011 AV 2      |  |  |  |  |
| D. If amen   | ding any other information, enter cha | nge(s) here: (Attach additional sheets, if necessar)                               |                |  |  |  |  |
|              |                                       |  | )              |  |  |  |  |
| <br>Dated    | May 24 . 2                            | o#/  |                |  |  |  |  |
|              | n-Vi                                  | h B  | <del> </del>   |  |  |  |  |
|              | Maclene M                             | ber or authorized representative of a member  By 40-  ed or printed name of signee |                |  |  |  |  |

Page 2 of 2

Filing Fee: \$25.00