C120000 78028

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COVER LETTER

TO:	Registration Section Division of Corporat	ions			; →
			1-1	2	1.0
SUBJI	ECT:	Seleaity D Name of Limit	ed Liability Comp	oany	
The en	closed Articles of Amen	dment and fee(s) are sub	mitted for filing.		
Please	return all correspondence	e concerning this matter	to the following:		
	_	M	Mame of Per	sol Cl	SULTING UC
		PLAN	4 SUCC	CESS Cons	SULTING UC
	_	Po B	St 2630 Address	548	
		DAYta	City/State and Zi	4 F2 3. p Code	2126 - 3048 Ma/, cm
	<u></u>	E-mail address (1	339832, to be used for future	1762 C G	Ma/,· C m eation)
For fur	rther information concern	ning this matter, please ca	all:		
	Dova Ch Name of Perso	.ldress	at (33° Area Co	7) 832 de Daytime	1762 Telephone Number
Enclos	sed is a check for the foll	owing amount:			
■ \$25	5.00 Filing Fee 🔲 S	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Certified C (additional		☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Serenity Data Services LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000038028	were filed on 3/16/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Plan 4 Success Consulting LLC	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	419 N. Oleander Ave Suite 3
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beach FL 32118
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here	PO Box 263048 Daytona Beach FL 32126-3048 Tice address on our records, enter the name of the new :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Sip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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fec	tive date, if other	than the date o	of filing:		(optional)
fec eff	tive date, if other	than the date of, the date must	of filing:	not be more than 9	(optional) 0 days after filing.) (605.0207
eff	ective date is listed	, the date must	be specific and can	not be more than 9	
fec eff	tive date, if other ective date is listed	, the date must	be specific and can	not be more than 9	0 days after filing.) (605.0207
eff	ective date is listed	, the date must	be specific and can	not be more than 9	0 days after filing.) (605.0207
eff	ective date is listed	, the date must	be specific and can	not be more than 9	0 days after filing.) (605.0207
eff	ective date is listed	, the date must 29H MA Signature	be specific and can , 2013 Of a member or aut	not be more than 9 Childress ted name of signee	0 days after filing.) (605.0207

Filing Fee: \$25.00