L14000073458

(R	Requestor's Name)	
	,	
(A	address)	· · · · · · · · · · · · · · · · · · ·
(A	(ddress)	
(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(C	Ocument Number)
Certified Copies	Certificate	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIO

APR 28 2015 J. HARRIS

COVER LETTER

Division of Co	rporations		
SHOP A	AND SHIP TODAY, LLC		
	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	OLEG BLANK		
		Name of Person	
	SHOP AND SHIP T	ODAY, LLC	
		Firm/Company	.
	14771 Indigo Lakes	Cir	
		Address	<u> </u>
	Naples, FL 34119		
		City/State and Zip Code	
	kutsko@satimecpa.c		
	E-mail address: (to be used for future annual report notifica	ation)
For further information of	concerning this matter, please ca	all:	
Oleg Blank		347 301-7468	
Name o	f Person		elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

SHOP AND SHIP TODAY (Name of the Lim		any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 05/06/2014	and ass	igned
Florida document number L14000073458				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
Gold Success Realty LLC		*		
The new name must be distinguishable and end with the	e words "Limited Lial	bility Company," the designation "	LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		14771 Indigo Lakes (Dir ∓ _ω	2 ñ
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34119		c'n
				A PR
			388	5
Enter new mailing address, if applicable:		14771 Indigo Lakes (P
(Mailing address MAY BE A POST OFFICE	E BOX)	Naples, FL 34119	: S	ယ့
		*, *** (**	台门	28
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Oleg Blank	<u>e</u> :	rds, enter the name	of the ne
New Registered Office Address:	14771 Indig	jo Lakes Cir		
		Enter Florida street add		
	Naples	City ,]	Florida 34119	
Naw Dagistared Agent's Signature if the sains	Doctorous Ac	· ·	Zip Code	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as register	ed agent and agr	ee to act in this capacity. I	further agree to comp	ly with the

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		<u> </u>	□ Remove
			Remove
			
	·		□ Remove
		· ·	Add SAUREMANN IS PHARMANN OF START OF S
			SSEC PH SCAND AND A Remove
			Add
			□ Remove

. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if	necessary.,
		_
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 of State)	optional) days after
Dated April 14th	2015	
	> 	
Signature of a me	ember or authorized representative of a member	
Oleg Blank		
Ţ	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE