

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maxwell.minch@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUCCESS EQUITY, LLC

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R. WHITE
JAN 27 2013

2013 21 PM 12:27

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

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Registration Section
Division of Corporations

SUBJECT: SUCCESS EQUITY, LLC

Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Maxwell L. Minch

Name of Person

GrayRobinson PA

Firm/Company

720 SW 2nd Ave, Suite 106

Address

Gainesville, FL 32601

City/State and Zip Code

maxwell.minch@gray-robinson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxwell L. Minch

352

372-9269

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$15.00 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2013-21 Fil 12:27

SUCCESS EQUITY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 07/25/2014 and assigned
document number LI4000117510.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

New mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
oved from our records:

Manager
 = Authorized Member

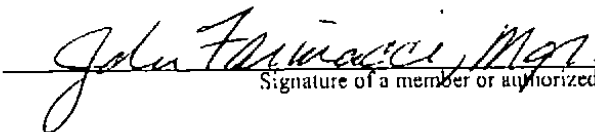
<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Midland Trust Company As Custodian FBO Jolee Farinacci # 1712801	P.O. Box 07520 Fort Myers, FL 33919	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)
If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
the 90th day after the record is filed.

November 21, 2019



Signature of a member or authorized representative of a member

JOLEE FARINACCI

Typed or printed name of signer

Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

effective date, if other than the date of filing: _____ (optional)
 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
 document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
the 90th day after the record is filed.

November 21, 2019

John F. Minacci, Mayor
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

JOLEE FARINACCI

Typed or printed name of signee