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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

		stration Sect sion of Corp				
		SUCCESSF	UL COLLEGE OF REAL E	STATE, LLC		
SUBJECT:Name of Limited Liability Company						
The encl	osed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please re	turn	all correspon	dence concerning this matter t	o the following:		
				RAUL FERNANDEZ		
			SUCCESSFUL COLLEG	Name of Person E OF REAL ESTATE,	LLC	
			1731 Snapper Street	Firm/Company		
			Saint Cloud, Florida 347	Address 71		
			rfernandez01@gmail.com	City/State and Zip Code		
			E-mail address: (t	o be used for future annual	report notification	n)
For furth	ier in	formation co	ncerning this matter, please ca	11:		
Raul Fe	ernar	idez		407 66	8-2448	
		Name of	Person	Area Code	Daytime Telep	phone Number
Enclosed	d is a	check for the	following amount:			
<b>\$</b> 25.	.00 F	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

SUCCESSFUL COLLEGE OF F	REAL ESTATE, LI	_C				
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited L	ny <mark>as it now appea</mark> Jability Company)	rs on our records.)	745	_	
The Articles of Organization for this Limited L. Florida document numberL15000019606	iability Company	were filed on	02/02/2015	and	assigned	
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	of the limited liabi	ility company h	<u>ere</u> :			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the	designation "LLC" or t	the abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:		1731 Snapper Street, Saint Cloud Florida 34771				
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable:		1731 Snappe	r Street, Saint Clou	ıd Florida 34	771	
(Mailing address MAY BE A POST OFFICE	BOX)				<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	1731 Snapper	g: Street	orida street address		ne 18 AUG 27 AH 11:	
	Saint Cloud		, Florid	a 34771	<u>~_5</u> _	
		City		Zin Co	AD Z	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Raul Fernandez	1731 Snapper Street, Saint Cloud Florida 34771	
			☐ Remove
			☐ Change
AMBR	Maria Fernandez	1731 Snapper Street, Saint Cloud Florida 34771	Add
			☐ Remove
			■ Change
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fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be p ck does not meet the ap	plicable statutory	or more than 90 day	(optional) es after filing.) Pets, this date wi	ursuant to Il not be	605.0 listed
record specifies a delayed The 90th day after the reco	effective date, but and is filed.	: not an effecti	ve time, at 12	:01 a.m. on	the ea	arlier
August 18	. 2018	· ·				
_ Sai	Signature of a member or	authorized represen	tative of a member			_
		_				

Page 3 of 3

Filing Fee: \$25.00