

L15000162879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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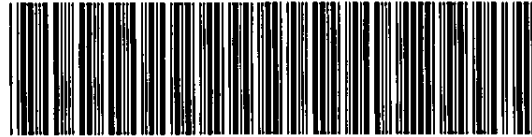
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Global Success Investments LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Nathaly Cuartas

Name of Person

Global Success Investments LLC

Firm/Company

10081 Pines Blvd. Suite E

Address

Pembroke Pines, FL 33024

City/State and Zip Code

nathaly.cuartas@taxcareinc.com

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

For further information concerning this matter, please call:

Nathaly Cuartas

954

9034036

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

Global Success Investments LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/24/2015 and assigned
Florida document number L15000162879.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10081 Pines Blvd. Suite E

Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10081 Pines Blvd. Suite E

Pembroke Pines, FL 33024

B. If 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:

Nathaly Cuartas

New Registered Office Address:

8430 N Sherman Cir. Apt. 508 Bldg F

Enter Florida street address

Miramar

, Florida

City

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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.

Nathaly Cuartas
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cuartas Herrera Milvio	1400 NW 107th Avenue Suite 430	<input type="checkbox"/> Add
		Miami, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cuartas Saavedra Nathaly	1400 NW 107th Avenue Suite 430	<input type="checkbox"/> Add
		Miami, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gualdron Ruiz Oscar	1400 NW 107th Avenue Suite 430	<input type="checkbox"/> Add
		Miami, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CUARTAS SAAVEDRA Nathaly	8430 N Sherman Cir Apt 508 Bg F	<input checked="" type="checkbox"/> Add
		Miramar, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUALDRON RUIZ Oscar	8430 N Sherman Cir Apt 508 Bg F	<input checked="" type="checkbox"/> Add
		Miramar, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CUARTAS HERRERA Milvio	8430 N Sherman Cir Apt 508 Bg F	<input type="checkbox"/> Add
		Miramar, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

10/24/2016

E. 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)

Note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 24, 2016

Nathaly Cortez
Signature of a member or authorized representative of a member

Nathaly Cwartas
Typed or printed name of signee

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TALLAHASSEE, FLORIDA