417000032434

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COVER LETTER

	ion Section of Corporations			
	eriously Successful LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.			
Please return all con	rrespondence concerning this matter to the following:			
	Lore Earley Goldstein			
	Name of Person			
	Sulore Institute			
	Firm/Company			
	5210 S. University Drive #105			
	Address			
	Davie, FL 33328			
	City/State and Zip Code			
info@suloreinstitute.com				
	E-mail address: (to be used for future annual report notification)			
For further informa	ation concerning this matter, please call:			
Lore Earley Goldst	tein 772 708-6234 at ()			
N	lame of Person Area Code Daytime Telephone Number			
Enclosed is a check	c for the following amount:			
■ \$25.00 Filing F	Fee \$\Bigcup \\$30.00 Filing Fee & Bound Filing Fee & Bound Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &		

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

Be Seriously Successful LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{2/9/17}{}$	and assigned
Florida document number L17000032434	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
Sulore Institute LLC			
The new name must be distinguishable and contain the	words "Limited Liah	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	LAHASS.
(Mailing address MAY BE A POST OFFICE BOX)			3 €
		-	1: 52 1: 52
B. If amending the registered agent and registered agent and/or the new registered of			ords, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ac	ldress
			, Florida
		City	Zip Code

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		Add
			☐ Remove
			□ Change
			🖸 Remove
			☐ Change
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ctive date, if other than the date of filing: (optional)	. 53
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ament's effective date on the Department of State's records.	rsuant to 605.01 not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on ne 90th day after the record is filed.	the earlier
ed June 5 2018 Call	
Signature of a member or authorized reprosphiative of a member	

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Filing Fee: \$25.00