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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number: I20200000016

Phone : (954)903-4036

Fax Number

: (954)245-0340

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

Email Address: OSCOr qualdron @ taxono mo

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHFLORIDABNB LLC

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Help

K. SALY

OCT 13 2023

From: Nathaly Cunrtas

Fax: 19542460349

To, Agent Amnd Florida Fax: (85G) 517-6383

TO ARTICLES OF ORGANIZATION OF

Sed of the many way

SOUTHFLORIDABNB LLC

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

(A Florida Limited Liability Company)

	y were filed on 03/15/2017	and assigned
Florida document number L17000060328		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nitity Company," the designation "LLC	2" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	addrace on the accords anton	Abo as a second of the second
agent and/or the new registered office address here:	address on our records, enter	the name of the new register
The state of the s		
The state of the s		
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street addres	N .
Name of New Registered Agent:		s orida Zip Code

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

MGR = N	lanager authorized Member		
Title	Name	<u>Address</u>	Type of Action
MGR	Kathryn Easa	1648 SE 12th CT Fort Lauderdale, FL 33316	
		-	≡ Add
			□ Remove
			IChange
			□Add
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			☐ □Remove
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			Change
			=\ \D\dd
			□Remove
			Change

*: Nothely Cuartes	Fax: 19542460340	To, Agent Amnd Florida	Fak: (850) 617-6383	Page: 5 of 5	10/12/2023 4:03 PM
D. If amending a	iny other informa	tion, enter change(s) her	e: (Attach additional sl	heets, if necessary,)
					
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		late of filing: be specific and cannot be prior to ck does not meet the applica partment of State's records.	o date of filing or more than ble statutory filing require	(optional) 00 days after filing.) Prements, this date wi	ursuant to 605,0207 (2)(b If not be listed as the
he record specifies ord is filed.	a delayed effective	date, but not an effective (in	ne, at 12:01 a.m. on the ea	rlier of: (b) The 9	Oth day after the
Dated October 1.	₂ ,!	2023			
			_		

Filing Fee: \$25.00

Josh Kunkel
Typed or printed name of signee