## 117000066071

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**S Warren** 

APR 12 2017

## **COVER LETTER**

Div	ision of Cor	porations				
CUD IFOT.		ccess Properties, LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Adrian Smude				
			Name of Person			
		To Your Success Properties, LLC				
		<del>M, 1874</del>				
		1431 S. Kingsway Rd. #68	855			
		Address				
		Seffner, FL 33584				
			City/State and Zip Code			
		adrian@fastsolutionsforhor	nes.com to be used for future annual report notif			
For further in	formation co	oncerning this matter, please of		icanony		
Adrian Smud	ie		813 7207874			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
<b>■ \$2</b> 5.00 Fi	iling 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 (sdditional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

To Your Success Properties, 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 March 23, 2017 and assigned Florida document number L17000066071 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 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

Page 1 of 3

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
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