## 11700089986

(Requestor's Name)	
,	
(Address)	
<u></u>	
(Address)	
(City/State/Zip/Phone #)	
<u></u>	
PICK-UP WAIT MAIL	
i i	
(Dyninger Estat News)	
(Business Entity Name)	
(Document Number)	
(Docament Namber)	
Certified Copies Certificates of Status	
Detailed Supres	
<u> </u>	
Special Instructions to Filing Officer:	Ì
<u>'</u>	- [
	- 1
[	
1	l
	- 1
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	- 1
	1
	J
	- 1
<u> </u>	

Office Use Only



800303576048

09/21/17--01011--012 \*\*25.00

17 SEP 21 AM 7: 86
SECRETARY OF STATE
TALLAHASSEE, FLORIO

## COVER LETTER

TO:	Registration Sec Division of Corp							
SUBJI		ites Success LLC						
SUBJI	ECT:	Name	of Limite	ed Liability Co	ompany		<del> </del>	
			1					
The en	closed Articles of A	Amendment and fee(s)	åre subm	nitted for filir	ıg.			
Please	return all correspon	dence concerning this	matter to	the following	ng:			
		Angela Williams	1					
				Name of	Person		•	
		The Duncan Duo	  ,					
				Firm/Co	mpany			
		6320 S Dale Mabry	Hwy					
				Add	ess			
		Tampa, FL 33611						
			ľ	City/State ar	d Zip Code			
		accounting@thedunc	1	om be used for fi		and notified	tion)	
For fur	rther information co	ncerning this matter, pl			nure amuar	ерон пописа	uni)	
Angel	a Williams			81 at (	3 359	9-8990		
	Name of	Person			a Code	Daytime T	elephone Number	
Enclos	sed is a check for the	e following amount:						
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee Certificate of Sta		Certifi	Filing Fee & ed Copy is encl		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314			Registrati Division Clifton B 2661 Exe	ion Section of Corporati	er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motion Creates Success LLC	
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited	
Florida document number L17000089986	
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	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 "L.L.C."
Enter new principal offices address, if appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u> </u>
	1 1
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our records, enter the name of the new
	AH. SE
Name of New Registered Agent:	ASSE 2
New Registered Office Address:	3690 W Gandy Blvd #461
	Enter Florida street address
	Tampa , Florida
	City Zip Code
New Registered Agent's Signature, if changing	
provisions of all statutes relative to the pro- accept the obligations of my position as reg	ed agent and agree to act in this capacity. I further agree to comply with the fer and complete performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S. Or. if this document is registered office address, I hereby confirm that the limited liability schange.

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

Title Name Address Type of Action

3690 W Gandy Blvd #461

Tampa, FL 33611

Remove

Change

 	<u> </u>	3690 W Gandy Bivd #461	Add
		Tampa, FL 33611	Remove
	  -  -		☐ Change
 	<u> </u>		
			☐ Remove
	1		Change
 	<u> </u>		Add
	,		Remove
			Change
 		11-11-11-11-11-11-11-11-11-11-11-11-11-	
	l l		Remove
			Change
	1		Remove
			☐ Change
 			Add
			Remove
			☐ Change

mending any other informatio	n, enter change(s) here: (Attach additional sheets	i, if necessary.)
	·	
	•	
<del></del>		
		······
		<u> </u>
	1	
		S S
		ETAR HASS
		38 × ×
	Ĭ	SIS :
-		7 5 6 N
		>
	1	
ctive date, if other than the da	hte of filing:	_ (optional)
effective date is listed, the date must b	e specifié and cannot be prior to date of filing or more than 90 c	days after filing.) Pursuant to 605
i: If the date inserted in this block iment's effective date on the Department.	k does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be liste
·		
ecord specifies a delayed e	effective date, but not an effective time, at $1$	.2:01 a.m. on the earlie
ne 90th day after the recor		
September 14	2017	
ed	2017	
		<del>-</del>
Si	gnature of a member or sutherized representative of a member	<u>er</u>
	<b>.</b>	
Angela Duncan		
	Typed or printed name of signee	
	Page 3 of 3	