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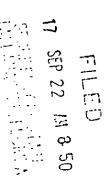
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COVER LETTER

TO: R	egistration Sec ivision of Corp	ction , porations				
епр пест	Surely Succe	essful LLC				
SUBJECT	•	Name of Lim	ited Liability Company			
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspor	ndence concerning this matter	to the following:			
		Christopher McVety				
			Name of Person			
			Firm/Company			
	601 S Harbour Island Blvd, Suite 103 Address Tampa, FL 33602					
			City/State and Zip Cod	le		
		chrismevety@gmail.com E-mail address: (to be used for future annu	al report notificat	tion)	
For further	information co	oncerning this matter, please ca	all:			-1:15 -1
Christopho			at ()	361-9040		1 8 四
	Name of	Person	Area Code	Daytime Te	dephone Number	FILED IN 8.5
Enclosed is	s a check for the	e following amount:				φ
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &

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

Surely Successful LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	22 17
	Florida _	Zin Code
New Registered Agent's Signature, if changing Registered Age	•	zap cour.

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Surely M Moreno	6330 Frost Dr.	∃ Add
		Tampa, FL 33625	□ Remove
			Change
MGR	Ana Debbie Chirino	3603 Crenshaw Lake Road	= Add
		Lutz, FL 33548	☐ Remove
			Change
			☐ Remove
			☐ Change
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ctive date, if other than the effective date is listed, the date must	date of filing:		optional) than 90 days after filing.)	Pursuant to 605.02
: If the date inserted in this blo iment's effective date on the De	ock does not meet the appli	cable statutory filing re		
ment 3 creente date on the 120	putilient of Blace 3 records	.		
ecord specifies a delayed		ot an effective tim	e, at 12:01 a.m. o	on the earlier
ne 90th day after the reco	ord is filed.		-	.^^ -1
September 21	2017			SEP 22
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Page 3 of 3

Filing Fee: \$25.00