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(R	equestor's Name)
(A	ddress)
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PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Success Thro	Communicate ited Liability Company	 On, LLC.
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Parne	a Callahan Name of Person	
	Success	Thru Communica	tion LLC
		OSCIOLA Ave	
	Communica E-mail address:	City/State and Zip Code atton Success Pa to be used for future annual report notif	155 in Egnail. com
For further information	n concerning this matter, please c		
tamolo	Callalan e of Person	at (<u>727)</u> <u>216 -</u> Area Code Daytime	STO+
Enclosed is a check fo	r the following amount:		
\$25.00 Filing 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 (additional copy is enclosed)

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

Success 7	ru Communication	LLC
(Name of the Limited L	lability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number		LS, 2018 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
		<u></u> .
The new name must be distinguishable and contain the words	"Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u>.</u>
	5.5	8
Enter new mailing address, if applicable:		· 5
(Mailing address MAY BE A POST OFFICE BQ)	v	
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	C.	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
-	City	Florida 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Pamela Callahan	500 N. OSCEOLA AVE #106	B Add
		CLEARWATER, FL 3375	> ☐ Remove
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(If an effective da - <u>Note:</u> If the d		cific and cannot be prior to es not meet the applicab	date of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605,0207 (ts, this date will not be listed as t
	pecifies a delayed effec day after the record is		an effective time, at 12	:01 a.m. on the earlier of:
Dated	Decembe 10) . 2018	.•	
	Decembe 10 Panela	calla-	haved representative of a member	
	o.g.m.u	a member of auditorn	and representative of a member	

Page 3 of 3

Filing Fee: \$25.00