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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : (954)903-4036 : (954)246-0340 Fax Number

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

:1	Addnoce	٠
Emali	Address:	Ç

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MITTELAND INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	S25.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

****	ND INVESTMENTS LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L180</u> 00252580		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		++
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	ed office address on our records, enter the name	of the new registered
agent and/or the new registered office address here:	The many of our records and an arrangement of the same	
		س .
Name of New Registered Agent:		<del></del>
	.*	2
New Registered Office Address:	Enter Florida street address	<u>ω</u>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am fo agent as provided for in Chapter 605, F.S. Or, ( red office address, I hereby confirm that the lim	miliar with and I this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Hathaly Cuartas

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	<u>Name</u>	Address	Type of Action
AMBR	JUAN DAVID VARGAS	12555 ORANGE DR STE 265	
		DAVIE,FL.33330	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		And the second s	
·			CAdd
			□Remove
			□ Change
<u></u>			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) l	nere: (Attach daattonat sneets, ij necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec	prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(pplicable statutory filing requirements, this date will not be listed as the ords.
If the record specifies a delayed effective date, but not an effect record is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 13 2023	·
Oh 1	authorized representative of a member
	N DAVID VARGAS

Filing Fee: \$25.00

Typed or printed name of signee