

# L19000034851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

Spoke w/ Imeshia on  
7/17/2019 to correct title  
for authorized member & to  
Add LLC to entity name.

ST

Office Use Only



800330843798✓

06/24/19--01010--014 \*\*30.00

S TALLENT

JUL 17 2019

SECRETARY OF STATE  
TALL, ROBERT L

2019 JUL 17 AM 10:30

FILED

Amend



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2019

OLIVIA D. WHITE  
A SUCCESSFUL JOURNEY LLC  
3500 WASHINGTON ST. #408  
HOLLYWOOD, FL 33021

SUBJECT: A SUCCESSFUL JOURNEY LLC  
Ref. Number: L19000034851

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE CHECK ADD FOR TYPE OF ACTION FOR OLIVA D. WHITE AND  
CHANGE OWNER TO ONE OF THE TITLES LISTED ABOVE HER NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 219A00013691

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Successful Journey  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia D. White  
Name of Person  
A Successful Journey  
Firm/Company  
3500 Washington St. #408  
Address  
Hollywood, Fl. 33021  
City/State and Zip Code  
ASuccessfuljourney@aol.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia White at (954) 673-4921  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

A Successful Journey, 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 Feb. 5, 2019 and assigned Florida document number L19000034851.

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 "L.L.C."

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)

FILED  
2019 JUL 17 AM 10:30  
SEAL  
CLERK OF CIRCUIT COURT  
JUL 17 2019

**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

City

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u> <u>owner</u>	<u>Olivia D. White</u>	<u>3500 Washington St. #408</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood, Fl. 33021</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Imeshia Graham</u>	<u>3500 Washington St. #408</u>	<input type="checkbox"/> Add
		<u>Hollywood, Fl. 33021</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Harold J. Lloyd</u>	<u>5335-A West Broward Blvd</u>	<input type="checkbox"/> Add
		<u>Suite 1</u>	<input type="checkbox"/> Remove
		<u>Plantation, Fl. 33317</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 21, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee