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I ALBRITTON

COVER LETTER

TO: Registration Division of C			
	Success fully	, Staged LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	spondence concerning this matter to	o the following:	
	Alano	Serlingut Name of Person	
		Name of Person ACCESS Fully Staged Firm/Company	
	14177 Fir	,	
	Spri	City/State and Zip Code "UCCESS Fully STaged for be used for future annual report notion."	1609 7. Com
For further informatio	n concerning this matter, please ca		
	HUA Berlingt	at (32/) 662 Area Code Daytim) - 4469 ne Telephone Number
Enclosed is a check for	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

Successfully	Staged U	<u>'</u> _C	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>しりの</u> の644 <u>年</u>	were filed on	7/8/7019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
			0.59
Enter new mailing address, if applicable:	NA		2
(Mailing address MAY BE A POST OFFICE BOX)			P ! '
			L2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ur records, enter t	•
Name of New Registered Agent:	MA		
New Registered Office Address:	W/A Enter Florida	street address	
	27772. 2 107 1011		
	City	, Florida	Zip Code
	Citi		ing cinic

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>	Name	Address	Type of Action
<u>MGR</u>	Alara Berlinat	14177 Firsbury Dr. Spring HAI, FC	09
			🗆 Remove
			☐ Change
AMOR	Brandon Berlinat	14137 Finsbury Dr. Spring Hill, FL 3460	Add
		Spring Hill, FC 3460	<u> </u>
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
		-	
			□ Remove
			Change

	Just added My wife Alang Berlingut.
	Jan
(If an ef <u>Note:</u>	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 19, 2019.
	Signature of a member or authorized representative of a member
	Brandon Berlin - ut Typed or printed name of signee

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Filing Fee: \$25.00