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L19000158890

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAXLOAN.COM LLC
Account Number : I20140000084
Phone : (305)541-3960
Fax Number : (888)372-7109

Enter the email address for this business entity to be used for future Annual Report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WE SUCCESS PS LLC

Certificate of Status	0
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Estimated Charge	$25.00

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE SUCCESS PS 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 06/14/2019 and assigned Florida document number L19000158290.

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)

3111 N UNIVERSITY DR STE 105
CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3111 N UNIVERSITY DR STE 105
CORAL SPRINGS, FL 33065

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: CSI RA LLC

New Registered Office Address: 1549 NE 123RD ST
Enter Florida street address

NORTH MIAMI, Florida 33161
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

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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	Name	Address	Type of Action
AMBR	SEQUEIROS, HERIKA	3111 N UNIVERSITY DR STE 105	☐ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☒ Change
AMBR	TANURE, RICARDO	3111 N UNIVERSITY DR STE 105	☐ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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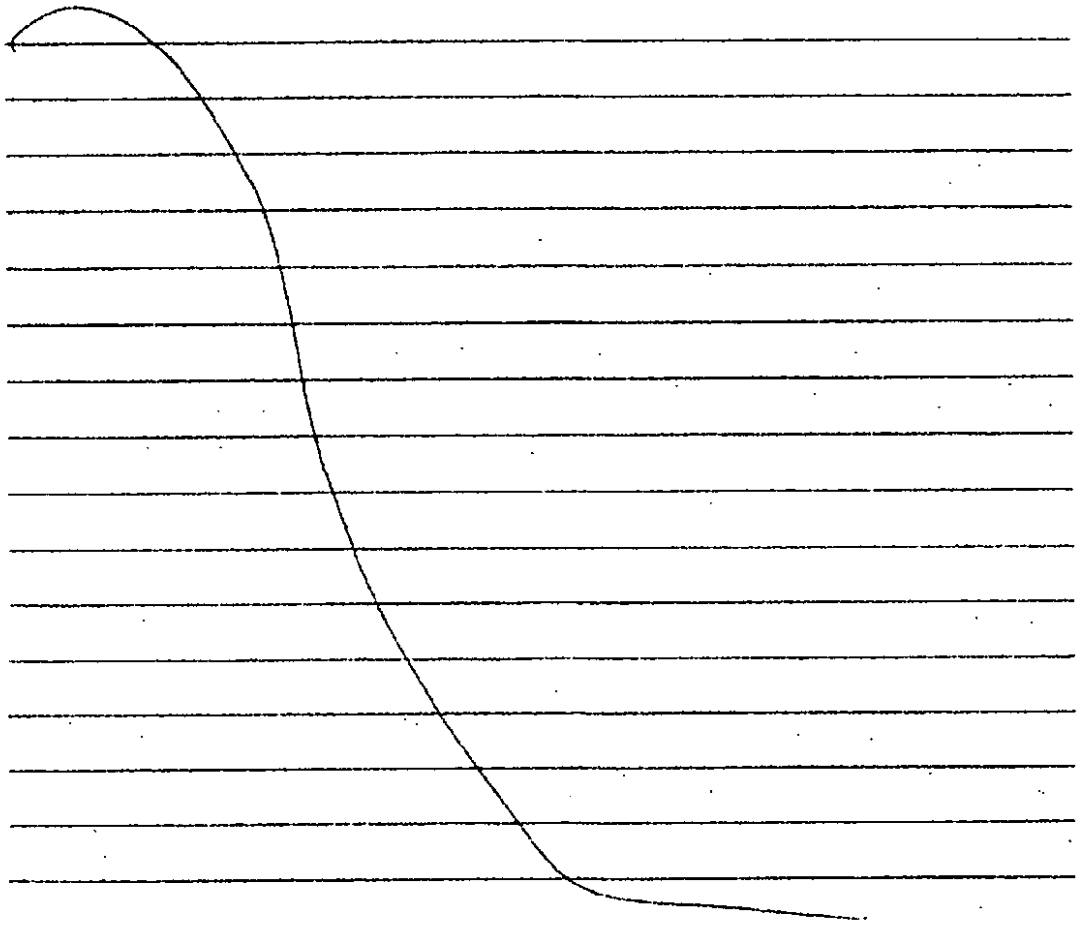
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*



E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 29TH , 2019

Signature of a member or authorized representative of a member

HERIKA SEQUEIROS

Typed or printed name of signee