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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036

Fax Number : (954)246-0340

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAGO 9295 LLC

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Fax. 19542460340

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAGO 4295 LLC			
(Name of the Limited Liability Comp. (A Florida Lumited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000195661	were filed on 07/10/2020	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 designation "LLC" o	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)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter th	e name of the new pregistered	
	Flor	ida Zip Code	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I furt e performance of my duties, and	' Lam familiar with and	
being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e address. I hereby confirm that	the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

From: Nathaly Cuartas Fax: 19542460340

To Agent Amnd Florida

Fax: (850) 617-6383

Page: 4 of 5

07/17/2024 11:30 AM

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
AMBR	MERY GOMEZ	2180 NE 44th ST#2	
		Lighthouse Point, FL 33064	<u>≡</u> Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			⊒Change
			DAdd
			□Remove
			□Change
	<u></u>		□Add
			□Remove
			□Change

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Note	tive date, if other than the date of filing:	.0207 ( ed as tl
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	r the
Date	July 16th 2024	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Luis Ramirez	

Filing Fee: \$25.00