

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Cit;/State/Zip/Phone #)                |
| PICK-UP WAT MAIL                        |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer  |
|   |
|   |
| Millant                                 |
| MICALI                                  |





300362514183

300362514183 03/23/21--01014--008 \*\*25.00

OD

Ş ---MAR 23 221

23 AH IO: 35

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: MASTER YOUR SUCCESS FINANCIAL SOLUTION LLC 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:   |
| WASHINGTON GEE Name of Person   |
| MASTER YOUR SUCCESS FINANCIAL SOLUTION LLC Firm/Company   |
| 1106 THOMASUILLE RD Address   |
| TALLAHASSEE, FL 32303 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| WAS HIN GTON GEE at (904) 589-5147  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| ■ S25.00 Filing Fee ■ S30.00 Filing Fee & □ S55.00 Filing Fee & □ S60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations   |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SOLUTION 1/C

| MASTER Your SUCCESS (Name of the Limited Liability) (A Florid   | ELNANCIAL SOLL   | ITION LLC                            |
|---|--|--------------------------------------|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | ity Company as it now appears on our is a Limited Liability Company) | records.)                            |
| The Articles of Organization for this Limited Liability (   | _  |                                      |
| The Afficies of Organization for this Emitted Entainty C  | company were med on  | and assigned                         |
| Florida document number <u>L210001 6948</u>   | _ <b>_</b> _ <del>_</del>  |                                      |
| 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 "Lir   | nited Liability Company," the designation                            | "LLC" or the abbreviation "L.L.C."   |
| The new matter mean be distinguishable and contain the words on   |  | Tun.                                 |
| Enter new principal offices address, if applicable:   |  |                                      |
| (Principal office address MUST BE A STREET ADD  | RESS)  | 罚                                    |
|   |  | 7071 HAR 23                          |
|   |  |                                      |
|   |  | 9                                    |
| Enter new mailing address, if applicable:   | <del></del>  |                                      |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <del></del>                          |
|   |  |                                      |
|   |  |                                      |
| B. If amending the registered agent and/or registere  | ed 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:   |  |                                      |
| TVIIIIC OT TOW TOO GOOD OF THE TOTAL OF THE |  |                                      |
| New Registered Office Address:  | Enter Florida stree  | - I I                                |
|   | tinter r torida stree  | i agaress                            |
|   |  | , 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 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 Type of Action Address Title Name 1106 THOMASUILLE RD WAND WASHINGTON SEE MBR TALLA HASSEE, FL & 32303 Remove \_\_\_\_\_ Change □Add Remove □ Change \_\_\_\_\_□Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change

Change

|                         |  |                                 | <u> </u>                       |  |             |                |                                       |              |  |               |                               |
|-------------------------|--|---------------------------------|--------------------------------|--|-------------|----------------|---------------------------------------|--------------|--|---------------|-------------------------------|
|                         |  | <del></del>                     |                                |  | <u></u>     |                |                                       |              |  |               |                               |
|                         |  |                                 |                                |  | <del></del> |                | · · · · · · · · · · · · · · · · · · · |              |  |               |                               |
|                         |  |                                 |                                | <del></del>                                      |             |                |                                       |              |  |               |                               |
|                         |  |                                 |                                |  |             |                |                                       |              | =.   |               |                               |
|                         |  |                                 |                                |  |             |                |                                       |              |  |               |                               |
|                         | <u> </u>   |                                 | <del></del>                    | <del></del>                                      |             |                | <del></del>                           |              |  |               |                               |
|                         |  | ** ***                          | <u> </u>                       |  |             | · <del>-</del> |                                       |              |  |               |                               |
|                         |  |                                 |                                | 1-1  |             |                | <del>-</del> .                        |              |  |               |                               |
|                         |  |                                 |                                |  |             | <del></del>    |                                       |              |  |               |                               |
|                         |  |                                 |                                |  |             | <u>-</u>       | _                                     |              |  |               | · · · · · ·                   |
| <del>-</del>            |  |                                 |                                |  |             |                |                                       |              |  |               |                               |
|                         |  |                                 |                                |  |             |                |                                       |              |  | · · · ·       |                               |
|                         |  |                                 |                                | <del></del>                                      | <u> </u>    |                |                                       |              |  | **···         |                               |
|                         |  |                                 |                                |  |             |                | <del></del>                           |              |  |               |                               |
|                         |  |                                 |                                | <del>-                                    </del> |             |                | <del></del>                           |              |  |               |                               |
|                         |  |                                 |                                |  |             |                |                                       |              |  |               |                               |
|                         |  |                                 |                                |  |             |                |                                       |              |  |               |                               |
|                         | · · · · ·  |                                 |                                |  |             |                | ·                                     |              |  | - · · · •     | <u> </u>                      |
| i effectiv<br>te: If th | date, if other date is listed ne date insertes seffective date | , the date mus<br>ed in this bl | st be specific<br>lock does no | and canno<br>of meet th                          | ie applica  | able statu     | filing or mo                          | re than 90 o | _ (option<br>lays after fi<br>ents, this o | iling.) Pursu | ant to 605.02<br>ot be listed |
| ecord sp<br>s filed.    | ecifies a dela   |                                 |                                |  |             |                | ::01 a.m. c                           | n the earli  | er of: (b)                                 | The 90th      | day after th                  |
| ted                     | MARCH  | 22                              | fu fu                          | _ · _2   | .021        | ·              |                                       |              |  |               |                               |
|                         | 2 //   | // /                            | Signature o                    |  |             |                |                                       |              |  |               |                               |