Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Fax: 19542460340

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC .

Account Number : I20200000016 Phone : (954)903-4036

: (954)246-0340 Fax Number

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

r11	Address:		
rmaii	AUUITESS.		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NEWCOMERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

Registration Section TO: **Division of Corporations** 11 2200 1761883

SUBJECT:	NEWCOMERS LLC					
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Nathaly C	Quartas .				
	-	Name of Person				
	Global S	uccess Investments LLC				
•		Firm/Company				
	125:	55 Orange Dr Ste 265				
	Address					
	Davie, FL	., 33330				
		City/State and Zip Code				
	nathaly.cuártas@taxcare E-mail address: (inc.com to be used for future annual report notif	ication)			
For further information of	oncerning this matter, please c	all:				
Nathaly Cuartas		954 9034036 at ()				
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section Division of Corporations -The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

To: Agent Amnd Florida

NEWCOMERS				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appead Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability Comparition for this Limited Liability Comparition of the Liability Comparit	ny were filed on _	07/12/2021	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company b	nere:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" o	or the abbreviation "I	1C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			022	
				프카지
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
(Mailing duaress MAT BE AT UST OF FREE BOX)			<u> </u>	
			. <u>O</u> 1	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	records, <u>enter th</u>	ne name of the nev	v registere
Name of New Registered Agent:			·····	
New Registered Office Address:				
-	Enter Fl	lorida street address		
		, Flor	ida	
	Ciņ·		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.

From: Nathaly Quartas Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 5 of 6

05/17/2022 5:17 PM

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>		Address	Type of Action
MGR	BERMUDEZ FABIOLA	_	2502 SWEET VIBORNUM WAY	
			OCOEE,FL.34761	■Remove
	·			□Change
MRG	SANABRIA NOREDY		2502 SWEET VIBORNUM WAY	
			OCOEE,FL.34761	□Remove
				Change
		- .		□Add
				□Remove
				□Remove
				[] Change
				□Add
				□Remove
				Change
				□Add
				□Remove
				□Change

Fax: 19542460340

Effective date, if other than the date of filing:		·						
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. 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 set in filed.			 					,
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Dated May 17th 2022 PLE regorie Navore Signature of a member or authorized representative of a member	المرائع ما ام							after the
Signature of a member or authorized representative of a member	Dated	May 17th	·	. 2022	·		,	
Signature of a member or authorized representative of a member		•		2/600	Due Alan	ioire)		
arphi			Signature of	a member or as	orized representa	tive of a member		
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