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7027 AUG -5 AM 8:52 SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	GUCCESS 11	INVESTMENTS · LLC			
		mited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are su	ibmitted for filing.			
Please return all correspon	idence concerning this matte	er to the following:			
		ARACELI VAZQUEZ			
		Name of Person			
	5000	ESS 11 IN VESTIPLENT	5 LLC		
	66 W FLAC	ALFR ST STE# 900			
		Address		202 SE	
	MIAMI,	FL 33130 City/State and Zip Code		2 AUG CRET A.L.L	-
	SUCCESS 11 IN	City/State and Zip Code restments & gmail.com (to be used for future answal report notification)		1022 AUG -5 AM 8: 52 SECRETARY OF STATE TALLAHASSEE, FL	F-10 C10
For further information co	incerning this matter, please	•		1 8: 52	í
ARACELI	VAZQUEZ	at (786) 406 C	2601		
Name of	Person	Area Code Daytime Telepho	one Number		
Enclosed is a check for the	e following amount:				
□ \$25,00 Filing Fee		ng Fee, of Status & Copy opy is enclosed)			
Mailing Address Registration S Division of Co	ection	Street Address: Registration Section Division of Corporation	ons		
P.O. Box 6327	7	The Centre of Tallaha	ssec		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUCCESS 11 INVESTMENTS 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 Lia	ıbility Comp	any were filed on OCTO	BETZ 16, 20	21 and assign	ied
Florida document number <u>L210004541</u>	<u>10</u>			022 AUG SECRET	
This amendment is submitted to amend the follow				NG -5	() (-222)
A. If amending name, enter the new name of	the <u>limited</u>	liability company here:		AM 8: Y OF ST 1SSEE,	O
The new name must be distinguishable and contain the wo	ords "Limited L	iability Company," the designa	tion "ELC" or the	abbreviation "L93	
Enter new principal offices address, if applica	ble:	66 W 3	LAGUER	STREET	
(Principal office address MUST BE A STREET ADDRESS) SUITE #900					
		Miami FL	<u>, 33130 </u>		
Enter new mailing address, if applicable:		<u>66 W 7</u>	FLAGIER :	STREET	
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	SUITE # 0	∞		
		<u>Miami</u> Fl	-, 33/30		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	• 1	ice address on our record		me of the new r	<u>egistered</u>
New Registered Office Address:	66			INTE # 900	
		Enter Florida sti	reet address	.	
		MixMI	Florida _	<u>33130</u>	
		City		Zip Code	
New Registered Agent's Signature, if changing Ro			4		. •
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis- being filed to merely reflect a change in the re	r and comp	lete performance of my a	luties, and I an	a familiar with d	and

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>	<u>Name</u>	Address	Type of Action
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i effectiv	e date is listed, the	date must be speci n this block does	fic and cannot			than 90 days aft	er filing.) Pursua		
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