





Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : 120200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

**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 HS BUSINESS USA ONE LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

HZ10004398273 Registration Section TO: **Division of Corporations** HS BUSINESS USA ONE LLC SUBJECT: 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: **EDIXON É HUERTAS** Name of Person HS BUSINESS USA LLC Firm/Company 12555 ORANGE DR SUITE 265 Address **DAVIE, FL 33330** City/State and Zip Code NATHALY.CUARTAS@TAXCAREINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EDIXON E HUERTAS** Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certified Copy 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

AZ10004:398273

(additional copy is enclosed)

Fax: 19542460340

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HZ10004398273

	SS USA ONE LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L21000503987}{L21000503987}$	y were filed on 11/29/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(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 11/29/2021 and assigned Florida document number L21000503987 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 "LLC." 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 address on our records, enter the name of the naw registered address here:	mirrof the new registered	
		SSEE.
New Registered Office Address:		T.(A)
		→ Zip Coat

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: HZ10004398273

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OSCAR GUALDRON	12555 ORANGE DR SUITE 265	
		DAVIE FL 33330	≣ Remove
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			Remove
		<u></u>	□Change
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			□Remove
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If amending any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the c	date of filing: (optional) the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 and days after the applicable stability filing requirements, this dage will not be list	5.020
Note: If the date inserted in this pion	ock does not meet me apprende address?	ited a
document's effective date on the De	epartment of State's records.	
	the but not an affective time at 12:01 a m on the earlier of: (b) The 90th day aft	er the
ord is filed.	e date, but not an effective time, at 72.51 date	لد <u>اب</u>
	2021 CF S TA	C
Dated	2021 FLORID 27	
	DIVEDIXON Huerton	
	Signature of a member or authorized representative of a member	
	EDIXON E HUERTAS	
	Typed or printed name of signee	

HZ10004398273

Filing Fee: \$25.00