## Florida Department of State

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.

(((H220003221413)))



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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 CREATIVE FLORIDA DESING'S LLC

Certificate of Status	0
Certified Copy	0
Page Count	91
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

J ELEGINIS SEP 19 2012

Fax: 19542460340

TO: Registration Sec Division of Corp	ction porations		
		ORIDA DESING'S LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	Л	ESSIKA CHACON	
	<u></u>	Name of Person	
	CREATIVE FLORIDA DESING'S LLC		
Firm/Company			
	575 NE 5TH TE	RRACE APT 340	
		Address	
	FORT LAU	JDERDALE, FL 33301	
		City/State and Zip Code	
	nathaly.cuartas(6	taxcareinc.com to be used for future annual repo	natification)
			оп попискатому
For further information of	oncerning this matter, please c	alł:	
Nathaly Cuartas		954 90340. at ()	
Name o	t Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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

## TO ARTICLES OF ORGANIZATION OF

	IVE FLÖRIDA DESING'S LLC	
(Name of the Limite	d Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Li. lorida document number L22000050215		•
his amendment is submitted to amend the follo	owing:	
		p•
. If amending name, enter the new name of	the ninited nating Company ner	±*
reative Florida Designs LLC		
reative Florida Designs LLC  ne new name must be distinguishable and contain the w	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C.
nter new principal offices address, if applic		
Principal office address MUST BE A STREE	T ADDRESS)	
		•
·		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	11.	and antor the name of the new registe
3. If amending the registered agent and/or r	egistered office address on our re	orus, enter the name of the new registe
gent and/or the new registered office address	os nere:	
Name of New Registered Agent:	JESSIKA CHACON	
	575 NE 5TH TERRACE APT	340
New Registered Office Address:		la street address
	FORT LAUDERDALE.	, Florida <u>33301</u>
	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 Changing Registered Agent, Signature of New Registered Agent

From: Nathaly Cuartas Fax: 19542460340 | To: Agent Amnd Florida Fax: (850) 617-6383 | Page: 5 of 6 | 09/16/2022 4:41 PM | ed

ΛГ	removed	from	anr	records:
UI.	1 emoved	TI VIII	vui	records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JESSIKA CHACON	575 NE 5TH TERRACE , APT 340	□Add
<del></del>		FORT LAUDERDALE, FL 33301	□Remove
			<b>■</b> Change
			□Remove
			Change
			CAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			GChange
			□Add
			□Remove
			□Change

From: Nathaly Cuartas

Fax: 19542460340

To. Agent Amnd Florida

Fax: (850) 617-6383

D. If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
Note: If the date inser	ter than the date of filing:
If the record specifies a del record is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Sept 16	, 2022
	Signature of member or authorized representative of a member
	Jessika Chacon Typed or printed name of signee

Filing Fee: \$25.00