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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:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036

Fax Number

: (954)246-0340

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E&L GLOBAL PAINTING LLC

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

## COVER LETTER

TO:	Registration Se Division of Cor			17440000444463
	ÿ E&L GLOE	BAL PAINTING LLC		•
SUBJ	кст:	Name of Limi	ted Liability Company	
The ci	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	
		MARTHA PATARROYO		
			Name of Person	
	•	TAX CARE TAMPA		
			Firm/Company	
		730 S STERLING AVE ST	TE 205	
			Address	
		TAMPA FL 33609		
			City/State and Zip Code	
		martha.patarroyo@taxcareir	ne.com to be used for future annual report noti	tienton)
For fi	urther information	eoneerning this matter, please c		
	PACI The	a Paralloyo	at ( <u>813</u> ) <u>699:396</u> Area Code Daytiin	©e Telephone Number
Enclo	osed is a check for	the following amount:		
<b>=</b> 9	\$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

E&I. GLOBAL PAINTING LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y <u>as it now appears on our records.</u> ) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 02/21/2022 and assigned
Florida document number 1,22000082468	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Emer Florida street address , Florida
	City Sh
New Registered Agent's Signature, if changing Registered Agent:	838. 16
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my auties, and I am familiar with and performance of my auties, and I am familiar with and performent is

If Changing Registered Agent, Signature of New Registered Agent

From: Nathaly Cuartas

Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

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03/15/2022 4:31 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	Erika J Yepes Ruiz	611 Huntington St	—————————————————————————————————————
		Brandon Fl 33511	□Remove
<del></del>			□Change
			□Add
			□Remove
			☐ (Change
			☐Add
			∴ □iRemove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
			= Change
			CIAdd
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ord is fi	
Dated	PFTito Jepes Signature of a member or authorized representative of a member
	DEL 1

Fax: (850) 617-6383

Page: 6 of 6

03/16/2022 4:31 PM

To: Agent Amnd Florida

From: Nathaly Cuartas

Fax: 19542460340

Erika J Yepes

Typed or printed name of signee