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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

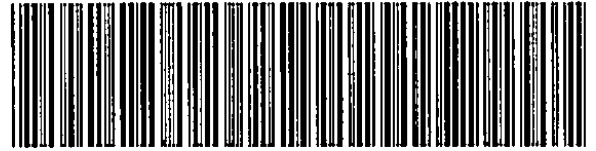
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Success Beyond Strateg2 Enterprise, LL  
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:

Northwest Registered Agent  
Name of Person

Success Beyond Strateg2 Enterprise  
Firm/Company

7901 4th St N STE 300  
Address

Saint Petersburg, FL 33702  
City/State and Zip Code

admin@successbeyondstrateg2.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LaVerne Spruill at (877) 775-5274  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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**

Success Beyond Strategies Enterprise  
(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 3/18/22 and assigned  
Florida document number 22000136099

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1100 Peachtree St NE  
Suite 200  
Atlanta GA 30309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1100 Peachtree St NE  
Suite 200  
Atlanta GA 30309

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

[Signature]  
[Signature]  
Enter Florida Street address  
Florida  
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**

[illegible]

SECRET  
TALLAH

E. Effective date, if other than the date of filing: 1/1/2017 (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.001(3)(b),  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
 document's effective date on the Department of State's records.

Dated 1/18/23  
Latene Spruill  
 Signature of a member or authorized representative of a member  
Latene Spruill  
 Typed or printed name of signer

**Filing Fee: \$25.00**