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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:	ċ
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1080 NE LLC

Certificate of Status	0
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From: Nathaly Cüartas Fax: 19542460340

## To: Agent Amnd Florida Fax: (850) 617-6383 75 FA 4 C 4/423 O41 75 (9445) 14 1/4711 17 14

Page: 2 of 4

05/03/2023 11:27 AM

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## TO ARTICLES OF ORGANIZATION OF

		NE LLC "	
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L22000243500	Liability Company	were filed on 05/25/2022	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liah	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		121 NE 34th St Unit 1110 Miami, F	L 33137
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		121 NE 34th St Unit 1110 Miami, F.	L 33137
3. If amending the registered agent and/or tgent and/or the new registered office addr  Name of New Registered Agent:	registered office s ess here: Oasis Private Ro	`_	name of the new registers
New Registered Office Address:	121 NE 34th St	Linit 1110	
	121 110 3711 3(	Enter Florida street address	ω
	Miami	<u>.</u>	33137 —
ew Registered Agent's Signature, if changing	Danistanul Luc	City	Zip Code

7

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 timited liability company has been notified in writing of this change.

Elicibee

If Changing Registered Agent. Signature of New Registered Agent

From: Nathaly Chartas Fax: 19542460340 If amending Authorized Person(s) &	To: Agent Amnd Florida AUGHOFIZEG GO HIZHZIGE, <u>CHGC</u>	Fax: (850) 617-6383	audi 23. 0. 14	1. 05/03/2023 11:27 AM d
or removed from our records:		HZ	3000165	4123

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	1080 NE MANAGEMENT INC	121 NE 34th St Unit 1110 Miami, FL 33137	
			□Remove
			Thange
			□Add
			□Remove
			[]Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 2

Signature of a member or authorized representative of a member

OSCAR GUALDRON

Typed or printed name of signce

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Filing Fee: \$25.00