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To:

Fax: 1954::460340

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 future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 55 HYDE 4112 LLC

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Help

T. LEIMEUX OCT 1 2 2022 Fax: 19542460340

COVER LETTER

		porations				
	HYDE 4112 LLC					
SUBJE	CT:	T:Name of Limited Liability Company				
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		ANDRES RODRIGUEZ				
			Name of Person			
		HYDE 4112 LLC				
			Firm/Company			
		2984 SW 142ND AVE				
			Address			
		MIRAMAR, FL 33027				
			City/State and Zip Code			
		monica.perez@taxcareinc.c				
			to be used for future annual report notific	ation)		
For furt	her information co	oncerning this matter, please of	all:			
Monica	Perez		786 2594259			
	Name of	f Person	at () Area Code Daytime T	Telephone Number		
Enciose	d is a check for th	e following amount:				
3 \$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

10/11/2022 10:21 AM

Fax: (850) 617-6383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

To: Agent Amna Florida

HYDE 4112 LLC						
(Name of the Limited Liabili (A Florida	ity Company as a Limited Liabili	it now appears on o ly Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on *lorida document number L22000371924				and assigned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability	company here:				
The new name must be distinguishable and contain the words "Lim	nited Liability Co	mpany," the design	ation "LLC" or the ab	obreviation "L.L.C		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	RESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	·					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:				ten.		
Name of New Registered Agent:						
New Registered Office Address:		Enter Florida st	reet address	·		
			, Florida	Zip Code		
	(Tity		Zip Code	P	
New Registered Agent's Signature, if changing Registere				25.		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perfo gent as provi ed office addi	ormance of my d ded for in Chap	luties, and I am j ter 605, F.S. Or,	familiar with a if this docume	ınd	
	If Changing	Registered Agent, S	ignature of New Re	gistered Agent	_	

From: Nathaly Cuartas

Fax: 19542460340

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 5 of 6

10/11/2022 10:21 AM

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>	Name	Address	Type of Action
MGR	CLAUDIA ALZATE	AV 5 OESTE 5 -170 APT 804	■Add
		CALI, VA 76004-5 CO	□ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
		•	□Remove
			DChange
			□Add
			☐ Remove
			☐ Change
	•		
•			□Remove
			☐Change
			□Add
			□Remove

10/11/2022 10:21 AM

To: Agent Amnd Florida

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Fax: (850) 617-6383

_(optional) 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. 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. OCTOBER 10 Signature of a member or authorized representative of a member ANDRES E RODRIGUEZ ARIAS Typed or printed name of signee