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TAIL ANALOSES IN

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE		+ SUCCESS LL mited Liability Company	<u>. C</u>	
The enc	losed Articles of Amendment and fee(s) are su	ıbmitted for filing.		
Please r	eturn all correspondence concerning this matte	er to the following:		
	A	Hex Tavras Name of Person	<u>.</u>	
	A &	Firm/Company	LLC	
	10724	Mere Parkway	2023 (PA	102
	_ orlando	FL 32832 City/State and Zip Code	Property Pro	•
	·	(to be used for future annual report notification	س و کر دری	4 0
For furt	per information concerning this matter, please		一	
	Alex Tajeras Name of Person	at (646) 242-4 Area Code Daytime Telep	357 phone Number	
Enclose	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	Street Address: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company velocida document number \(\begin{align*} \frac{17200578496}{\text{O}}\)	were filed on 17-19-70CL and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Limited Liabilit	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	mean prom
Inter new mailing address, if applicable:	inc =
Mailing address MAY BE A POST OFFICE BOX)	77
 If amending the registered agent and/or registered office acgent and/or the new registered office address here: 	ddress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	Sily Civil

If Changing Registered Agent, Signature of New Registered Agent

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Alex Taverus	Orlando, FL 32832	XAdd
		Orlando, FL 32832	□Remove
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HGI	Anabet		🗀 Add
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		SECK	_ □Change 2023 !_ (P\dd □ [
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effective date is listed	, the date must be specif	fic and cannot be pri-	or to date of filing	or more than 90 day	ys after filing.) l	ursuant to 605.02
e: If the date insert ament's effective da	ed in this block does ate on the Departmen	not meet the appi it of State's record	icable statutory is.	filing requiremen	is, this date w	'ill not be listed
cord specifies a dela filed.	yed effective date, be	it not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The	90th day after th
	4					
:d <u>Augu</u>	st 16th	<u></u> 200	<u> 23</u> .			
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