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TO:

	Registration Se Division of Cor					
//• /•• • • • • • • • • • • • • • • • • • •		SUCCESS STRATEGIES LI	.c			
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Brandon Stanley Salomon				
			Name of Person			
		SALOMON SUCCESS ST	RATEGIÉS LLC			
	Firm/Company					
	6015 Adriatic Way					
	Address					
		C	City/State and Zip Code			
		Greenacres FL 33413	to be used for future annual report noti	firstion)		
For furthe	er information c	oncerning this matter, please of				
Brandon S Salomon			561 860-0008			
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed	is a check for the	ne following amount:				
■ \$25.0	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:		Street Address:	ction			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on the 10th of Magnetic document number 1.23000232012 This amendment is submitted to amend the following: 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 of the new principal offices address, if applicable: The incipal office address MUST BE A STREET ADDRESS)	
orida document number L23000232012 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation there new principal offices address, if applicable:	
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	LLC of the appreyignon E.L.C.
rincipal office address MUST BE A STREET ADDRESS)	
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nter new mailing address, if applicable:	200
failing address MAY BE A POST OFFICE BOX)	
	•
If amending the registered agent and/or registered office address on our records, <u>er</u> ent and/or the new registered office address here:	nter the name of the new regi
ent and/or the new registered office address here.	
Name of New Registered Agent:	
	
New Registered Office Address: Enter Florida street ad	
Enter Florida street au	J.L

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Brandon Stanley Salomon	6015 Adriatic Way Greenacres FL 33413	= Add
			□Remove
			□Change
AMBR	Britney Patrice Dory	6053 Savannah Way Lake Worth FL 33463	□Add
			□Remove
			≘ Change
			🗆 Add
			🗆 Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change