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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

: (954)903-4036

: (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

## NICKAN INVESTMENTS LLC

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of New Registered Agent:  New Registered Office Address:	Enter Florida street uc	
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	ter the name of the new registere
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
		్లు మ
(Principal Office uturess MOST DE NOTICES (1922)		<u>-a</u> .
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		(
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation, "L.L.C."
A. If amending name, enter the new name of the limited liab	oility company here:	•
This amendment is submitted to amend the following:		•
Florida document number L23000328827		
The Articles of Organization for this Limited Liability Company	were filed on 07/11/2023	and assigned
,	any as it now appears on our rec Liability Company)	,
I A FIOTINA LIMITED I		· .

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.

From: Nathaly Cuartas . .

Fax: 19542460340

Change

To: Agent Amnd Florida Fax: (850) 617-6383 Page: 4 of 5 07/14/2023 4:49 PM 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 Type of Action Address **Title** Name 12555 ORANGE DR, SUITE 265 ANDRES PEREZ **AMBR**  $\square$  Add **DAVIE, FL, 33330 ≅**Remove Change 12555 ORANGE DR. SUITE 265 **ÁMBR** OSCAR PEREZ BbA⊠ **DAVIE, FL. 33330** Remove Change □Add Remove □ Change  $\square$ Add Remove Change □Add Remove □ Changé ∐Add Remove

Fax: 19542460340

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осит	ment's effective date on the Department of State's records.	
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after th
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