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SECRETARY OF STATE
TALLAHASSEF EI

FILED

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
∜Success Ad	lventures LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	James D. Thaler				
		Name of Person			
	Success Adventures LLC				
		Firm/Company			
	5113 Central Avenue				
		Address			
	St. Petersburg, FI, 33710				
		City/State and Zip Code			
	thaler@law.stetson.edu E-mail address: (to be used for future annual report no	ritication)		
For further information c	oncerning this matter, please c		, and the second		
James Thater 727 6446010					
Name o	f Person	at ()	ne Telephone Number		
Enclosed is a check for the	ne 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 Pagistration 9		Street Address:	nation		
Registration S Division of C		_	Registration Section Division of Corporations		
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Success Adventures LLC					
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number 1.24000080883	bility Company	were filed on Februar	ry 14, 2024	and ass	igned
his amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
he new name most be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	ation "LLC" or the	e abbreviation "1.,	L.C."
Enter new principal offices address, if applicable:		5113 Central Avenue	e		
Principal office address MUST BE A STREET	^ADDRESS)	St. Petersburg, Florid	da 33710		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> 3. If amending the registered agent and/or regent and/or the new registered office address <u>Name of New Registered Agent</u> :	gistered office :	5113 Central Avenue St. Petersburg, Florid address on our recor	da 33710	SECRETARY OF STATE TALLAHASSEE, FLE	TI T
New Registered Office Address:	5113 Central A	venue			
		Enter Florida si	treet address		
	St. Petersburg		Florida	33710	
	•	Ciţy		Zip Code	

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.

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
	Carla A. Allen	5004 12th Avenue South	□ Add
		Gulfport, FL 33707	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
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Effect	ive date, if other than the date of filing:
n an en <u>Note:</u>	ective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ient's effective date on the Department of State's records.
e recor	d 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
ra is n	ied.
Dated	April 19 2024
Dateu	···································
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee