

L24 000 229 796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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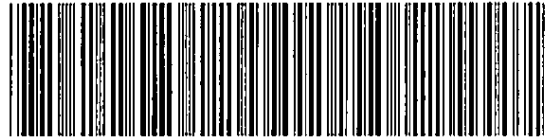
(Business Entity Name)

(Document Number)

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FOR INFORMATION - SEE PAGE 1

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUCCESSFUL PRODUCT CLUB LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NILTON DA SILVA SANTOS

Name of Person

SUCCESSFUL PRODUCT CLUB LLC

Firm/Company

9669 AVELLINO AVENUE UNIT 6417 - A OFFICE 283

Address

ORLANDO, FL 32819

City/State and Zip Code

business@laylaportela.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILTON DA SILVA SANTOS

Name of Person

689
at (_____) _____
Area Code

SUCCESSFUL PRODUCT CLUB LL

Daytime Telephone Number

Enclosed 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
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

SUCCESSFUL PRODUCT CLUB LLC

The Articles of Organization for this Limited Liability Company were filed on 05/17/2024 and assigned Florida document number L24000229796.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Citr

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	IEGO FRANCISCO D	ANTONIO VIANA 35 - B	<input type="checkbox"/> Add
		SAO PAULO, SP 08080--190 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIEGO FRANCISCO	ANTONIO VIANA 35 - B	<input checked="" type="checkbox"/> Add
		SAO PAULO, SP 08080-190 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated JULY 29, 2024

Nilton da Silva Santos
Signature of a member or authorized representative of a member

NILTON DA SILVA SANTOS

Typed or printed name of signee