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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036

Fax Number : (954)246-0340

**Enter the email address for this business entity to be used for ffuture annual report mailings. Enter only one email address please. ** 🗂

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LECING GROUP LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax: +18506176383

LECING GROUP LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number L24000449983	e filed on 10/22/2024 and assigned
This amendment is submitted to amend the following:	
A. 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 Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	201
	2014 11.0V
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ET/
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, enter the name of thomew registe
igent and/of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
(City 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.

From: Oscar G

Fax. +19549069940

To.

Fax: +18506176383

Page: 4 of 5

11/04/2024 3:26 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

Title	Name	Address	Type of Action
MBR	CARLOS E. SANCHEZ PEDRAZA	1860 N PINE ISLAND RD STE 113	Add
		PLANTATION FL. 33322	
			Change
			□Remove
			□Change
			□Add
			□Change
			🗆 🗖 Adđ
			□Remove
			Change
			□Add
			□Removc
			Change
			□ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change

Dated November 04 , 2024

Juan Car lus Sanches C.

Signature of a member or authorized representative of a member

JUAN CARLOS SANCHEZ CASTELLANOS

Typed or printed name of signee

record is filed.