# P500003163

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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rtified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	
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### **COVER LETTER**

Division of Corpor	rations		
NAME OF CORPOR.	ation: <u>Succe.</u> P150000	es by M	ENTORING
	<i>f Amendment</i> and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
_	JAIME	Name of Contact Perso	<b>?</b> ა
-	5448 HOF	Firm/Company FANEL AU	E 576 308
-	oclando,	Address  City/ State and Zip Cod	E 576 308 6 328/2
	50CCessby#40 E-mail address: (10 be us	Switch was Go Go seed for future annual report	mail. Co oy notification)
For further information	concerning this matter, pleas	_	,915-2438
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made [	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

# Articles of Incorporation

	of	,		
SUCCESS	s by	MENTOR	ing	
<del></del>	on as currently filed y	with the Florida Dept. (	of State)	
P150	0003276	. 3		<u> </u>
(Docum	nent Number of Corpor	ration (if known)		\
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following amend	ment(s)
If amending name, enter the new name of the co	rporation:			ļ
			The	eiv
me must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, and "chartered," "professional association," or the c	" "Inc," or "Co". A			
Enter new principal office address, if applicable rincipal office address <u>MUST BE A STREET ADD</u>				-
		<del></del>		-
				-
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	7)			-
			<del>-</del>	-
		***		- \
If amending the registered agent and/or register new registered agent and/or the new registered	·- ·· ·	lorida, enter the name	of the	
Name of New Registered Agent				
				l
<del></del>	(Florida street addre	ess)		
New Registered Office Address:	<del></del>	F	lorida	_
	(Ciţy)		(Zip Code)	1
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		laccept the obligations o	of the position.	
Signo	ature of New Registere	ed Agent, if changing		[]
			<del></del>	_ :

Page 1 of 4

P = President; V = Vice Executive Officer; CFO held, President, Treasur Changes should be note	s, if necess lirector titl President = Chief I ver, Directo d in the fo waves the c	sary) le hy the j t; T= Tre Financia or would llowing t orporatie	first letter of the office title: casurer: S= Secretary: D= Director: TR= I Officer. If an officer/director holds more be PTD. nanner. Currently John Doe is listed as the on, Sally Smith is named the V and S. These	Frustee: C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,	
<u>X</u> Change	<u> 79</u>	John D	<u>oc</u>		
X Remove	$\underline{\mathbf{V}}$	Mike J	<u>ones</u>		
X Add	<u>SV</u>	Sally S	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change Add Remove	TREAS	ivel.	LUZ ANDREALOPEZ	SSQIAXION AJE OCIANDO, FI 32839	
?) Change Add		<del>-</del>			
Remove ) Change Add Remove		_			
Change Add Remove		_	<del></del>		
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Change Add Remove		<del></del> .			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

atach additional sheets, if necessary). (Be specific)	ige(s) here:	
time in the state of the state		
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an amendment provides for an exchange, reclassi	cation, or cancellation of issued sha	res.
provisions for implementing the amendment if not	ontained in the amendment itself:	<del></del>
oromaiona ior ministriculul luc amenument il not		
(if not applicable indicate N/4)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	Ì
Effective date if applicable: 9-15-2817	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	\ 
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	1
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
9/15/9-017	
Signature Lime Nicelle 10	, 
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JAIME GUERRENO	
(Typed or printed name of person signing)	
PRESIDENT.	
(Title of person signing)	1