## L24000469984

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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

| LADRIE E<br>SUBJECT:       | NTERPRISES LLC                               |   |  |                                     |               |
|----------------------------|--|---|--|-------------------------------------|---------------|
|                            | Name of Lim                                  | ited Liability Company  |  |                                     |               |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |  |                                     |               |
| Please return all correspo | endence concerning this matter               | to the following:   |  |                                     |               |
|                            | MARY BYNUM                                   |   |  |                                     |               |
|                            | <del></del>                                  | Name of Person  |  |                                     |               |
|                            | LADRIE ENTERPRISES                           | LLC   |  |                                     |               |
|                            |  | Firm/Company  |  |                                     |               |
|                            | 2901 TITAN ROW SUITE                         | E 100   |  |                                     |               |
|                            |  | Address   |  |                                     |               |
|                            | ORLANDO FL 32809                             |   |  |                                     |               |
|                            | MECHERIEBYNUM@ICI                            | City/State and Zip Code<br>LOUD.COM                                 |  |                                     |               |
|                            | E-mail address: (                            | to be used for future annual report notifica                        | ation)   | 2(<br>SE                            |               |
| For further information c  | oncerning this matter, please ca             | all:  |  | 2024 DEC 19<br>SECRETARY<br>TALLAHA |               |
| MARY BYNUM                 |  | 904 9450814<br>at ()  |  | C 19<br>TARY                        | TITTE<br>True |
| Name o                     | f Person                                     | Area Code Daytime T   | elephone Number  | PH 3: 3<br>OF STAT<br>SSEE, FL      |               |
|                            | -  | _   |  | ,                                   |               |
| □ \$25.00 Filing Fee       | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co (additional co) | of Status &                         |               |

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LADRIE ENTERPRISES LLC   |  |                          |
|--|--|--------------------------|
| (Name of the Limited Liability C<br>(A Florida Lin   | ompany as it now appears on our records.) nited Liability Company) |                          |
| The Articles of Organization for this Limited Liability Complete Florida document number L24000469984  | pany were filed on 11/06   | and assigned             |
| This amendment is submitted to amend the following:  |  |                          |
| A. If amending name, enter the new name of the limited   | liability company here:  |                          |
| N/P  |  |                          |
| The new name must be distinguishable and contain the words "Limited  | Liability Company," the designation "LLC" or t                     | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | N/A  |                          |
| (Principal office address MUST BE A STREET ADDRES  | <u> </u>   |                          |
| Enter new mailing address, if applicable:  | N/A  | 202<br>SE                |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | TAR O                    |
| D. If any direction of a great and a great | The address on our records enter the                               |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  | nce address on our records, enter the                              |                          |
| Name of New Registered Agent:  | NA   | 7 31 31 T                |
| New Registered Office Address:   | Enter Florida street address                                       |                          |
|  |  |                          |
|  | , Florid   | 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

| <u>Title</u> | <u>Name</u>          | Address                  | Type of Action                         |
|--------------|----------------------|--------------------------|--|
| AMBR         | MARY ELIZABETH BYNUM | 2901 TITAN ROW SUITE 100 | <b>=</b> Add                           |
|              |                      | ORLANDO FL 32809         | □Remove                                |
|              |                      |                          | □Change                                |
|              |                      |                          | □Add                                   |
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| effective date, if other than the date of filing: \(\ldot\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ate of filing or more than 90 days after filing.) Pursuant to $\epsilon$ |               |
| ment's effective date on the Department of State's records.                                    |  |               |
| ord specifies a delayed effective date, but not an effective time, filed.                      | at 12:01 a.m. on the earlier of: (b) The 90th day a                      | fter tl       |
| 12/05/2024<br>d  |  |               |
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Typed or printed name of signee