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12 OCT -2 AHII: 01

SECKETARY OF SIME VISION OF CORPORATIONS

OCT - 3 2012

T. HAMPTON

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CCT:	Safeguard	Ur Property, LLC	
			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Patricia Bucci	
			Name of Person	•
		Path 2	2 Success Coaching, LLC	<u>, , , , , , , , , , , , , , , , , , , </u>
			Firm/Company	
	2523 Blackburn Circle			
			Address	
		C	Cape Coral, FL 33991	
			City/State and Zip Code	
		F-mail address: (oatbucci@gmail.com to be used for future annual report no	diffication)
For fur	ther information co	oncerning this matter, please c		uncation)
	Pa	tricia Bucci	at (908)	392-0727
	Name of	Person	Area Code & Dayt	ime Telephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SCRETARY

12 OCT -2 AMII: 81

		12001 2 801	. •
Safeguard U	r Property, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear	s on our records.)	
(A Florida Limite	a Liaomty Company)		
The Articles of Organization for this Limited Liability Compa	nv were filed on	July 3, 2012	and assigned
1.4000000000			
Florida document number L12000087047			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
Path 2 Success	Coaching, LLC		
The new name must be distinguishable and end with the words "L.L.C."	mited Liability Compa	ny," the designation "L	LC" or the abbreviation
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 o	ur records, <u>enter ti</u>	he name of the new
registered agent and/or the new registered office address h	ere:		
Name of New Registered Agent:			<u>.</u>
N D 1 100 100			
New Registered Office Address:	Ent	er Florida street addr	ess
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	nt•		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> </u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u></u>			Add Remove
		e(s) here: (Attach additional sheets, if necessary.) academic coaching for teens, young adults	
	nd parents.	academic coacting for teems, young addits	SECRETAR DIVISION OF C 12 OCT -2
_	Contomber 26		ED SINTEN
Dated	Patricia	x Bucci	
	Signature of a member	or authorized representative of a member Patricia Bucci	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00