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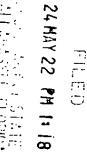
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(Address)
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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	plan for suc	cess Ilc			
Name of Limited Liability Company					
			16 . Cl		
The enclosed	1 Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		mark chapman			
		-	Name of Person		
		plan for success Ilc			
			Firm/Company		
		24430 calusa blvd			
			Address		
		eustis/florida 32736			
		-	City/State and Zip Code		
		markachapmanspeaker@gm			
		E-mail address: (to be used for future annual report notif	fication)	
For further in	nformation co	oncerning this matter, please ca	all:		
mark chapm	an		407 399-0649 at ()		
	Name of	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fec & 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:

TO:

Registration Section

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

plan for success Hc		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 6/13/2016	and assigned
Florida document number L16000114084		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "	
Enter new principal offices address, if applicable:		24 K
Principal office address MUST BE A STREET ADDRE	(SS)	
		% ?? □
		3 0
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		三元 6
Mailing address MAY BE A POST OFFICE BOX)		······································
3. If amending the registered agent and/or registered of	office address on our records, er	iter the name of the new regis
gent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
Name Dagiotago d'Office Addresse		
New Registered Office Address:	Enter Florida street ac	ldress
		, 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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□ Chango

This is our revised new arti	ticles. The purpose of this amendment is to add our daughter, Chelsey L. Chapman,
as the Beneficiary or Trans	sfer On Death of this LLC in the event that both myself and my wife, Shelley R.
Chapman die (be deceased	i). Chelsey L. Chapman, at the time of both of our deaths is to get 100%
ownership and all rights an	nd privileges of Plan For Success LLC. Chelsey L. Chapman's address is 901 E 8th Ave
Mt Dora, FL 32757. Chelse	ey's phone number is 407-399-8559. Her email address is: chelseylchapman@gmail.com
Amended by: Mark A. Cha	apman
· · · · · ·	
	
ote: If the date inserted in this	the date of filing:
record specifies a delayed effect is filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 10	2024

Typed or printed name of signee