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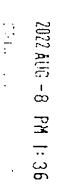
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: 5te	PtO SUCES	5 (./.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Step to	Address	uay
		valyanda dad rap esse	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	ucess r as it now appears or ability Company)	L.L.C	
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L2200157220}$ .	rere tiled on <u>04</u>	101/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:	( ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	2022
Step to success LLC		. <del></del> . 	
The new name must be distinguishable and contain the words "Limited Liability	Company," the desig	nation "LLC" or the abbi	revistion "L.L.C."
Enter new principal offices address, if applicable:			P : : .
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	<u>ဒ</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida .	street address	
	Florida		
	Ciţy		Zīp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my ovided for in Cha	duties, and I am fa pter 605, F.S. Or, ij	miliar with and f this document is

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>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Natara King	11269 Revolutionary	_ IVAdd
		11269 Revolutionary Way Jacksenville	□Remove
		FL 32221	
			□Add
			□Remove
			□Add
			□Remove
			□Change
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effective date is listed, <u>e:</u> If the date inserte	than the date of f the date must be specifi d in this block does a e on the Department	e and cannot be prior not meet the applic	able statutory filing	re than 90 days afte	cional) or filing.) Pursuant to 60 is date will not be list	5.02 ted
ord specifies a delay filed.	ed effective date, bu	t not an effective ti	ime, at 12:01 a.m. oi	n the earlier of: (	b) The 90th day after	er th
Augus	5	201	<u>)</u> .			
	Signature S	King		<del> </del>	-	
	/Signature	of a member or auth	orized representative o	t a member		
	<b>&gt;</b>	_	, •			