L23000315339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 19 PH12: 40



TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Wednesday, October 11, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: LEADERBORD, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 2023 OCT 19 PM 12: LA

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: <u>LEADER</u>	ROPD II C				
SUBJECT: ELADEN	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:			
	Corpor	ate Maintenance Lea	ad		
		Name of Person			
	Proc	essing Department			
	 	Firm/Company		~ ∍ <u>°</u>	Ξ
1450 Vassar St			2023 OCT 19	N COMMON OF STATE	
	Address			CT L	£, 2∑
		Reno, NV 89502		6 CSS	im Sec
	· · · · · · · · · · · · · · · · · · ·	City State and Zip Code			[m [m [m
	E-mail address: (to be used for future annual report nomi	ication)	PH 12: 40	<u> </u>
For further information e	oncerning this matter, please c				
Process	ing Department	at (800)_638-2320			
	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
S25.00 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 enclo		
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	a ations		

Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADERBORD, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000315339</u>	were filed on <u>07/03/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		23 ISBN 1880
		9 CCC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2:40
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	- ree to act in this capacity	• • • • • • • • • • • • • • • • • • • •

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby 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
MGR	Surendra Narain Naidoo	400 West New England Avenue	🗆 Add
		Suite 1	☑ Remove
		Winter Park, FL 32789	□ Change
			□ Remove
			☐ Change
			Add
			CIVISION OF CORP
			□ Cha teg e 등중
			Add
			D Remove
			Change
			Remove
			Change
			🗖 Add
			Remove
			☐ Change

D. If amounting any other information, enter change(s) here: (Attach additional skeets, if necessary.)		
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	2023 OCT 19	EIVISION OF CURPORAL
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E. Effective date, if other than the date of filing: N/A (optional) (If an effective date is listed, the date sams be specific and cannot be prior to date of filing or more than 90 days after filing.) Personal to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fit document's effective date on the Department of State's records.	05.0007 (Sted as 1	(5)(b) tbe
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier of:	:
Dated OCTOBER, 3RD, 2023.		
Signature of a member or authorized representative of a member		
Yaganthrie Ramiah		
Typed or printed same of signee		

Page 3 of 3

Filing Fee: \$25.00