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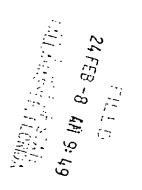
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor		* ** ** *** ***	
	Ninjas LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Christian Lee		
		Name of Person	
	Zoho Help Ninjas LLC		
		Firm/Company	
	1612 Moselle Ave		
	-	Address	
	Orlando, FL 32807		
	<del>.</del>	City/State and Zip Code	
	christian@leadforceone.com		
	E-mail address: (	to be used for future annual report not	(ification)
For further information of	concerning this matter, please co	all:	
		313 506-9034 at ()	
Name (	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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 radditional copy is enclosed.
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zoho Help Ninjas LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{9/14/23}{1}$ and assigned Florida document number 1.23000428735 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lead Force One LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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	Miranda Gatto	3665 Botanical Way, Sanford, FL 32773	<b>ॼ</b> Add
			ZRemove
			Change
MGR	Kodai Kato		Ladd
		1612 Moselle Ave Orlando, FL 32807	<b>≅</b> Remove
			= Change
			Z Remove
			T Change
	<del>-</del>		TAdd
		<del></del>	
			T Change
<del></del>	<del></del>		
			TChange
			TRemove
			Change

·			
			<b>.</b>
ective date, if other than the d	ate of filing:		_ (optional)
<u>e:</u> If the date inserted in this bloc	K does not meet the applicabl	late of filing or more than 90 c e-statutory filing requireme	lays after filing.) Pursuant to 605 020 2018, this date will not be listed a
ument's effective date on the Dep	artment of State's records.		
cord specifies a delayed effective (	data but not up attactive time	at 12:01 a property small	an at the The Ottob day of and
stiled.	date, but not an effective finie	, at 12.01 a.m. on the earti	er or. (6) The som day after the
Edwinary 1	2024		
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