## L2400007-1367

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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04/02/24--01038--020 \*\*25.00



## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of	on Section f Corporations		
	DER TO SUCCESS LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.	
	respondence concerning this matt	_	
	Nicholas Perry		
		Name of Person	
		Firm/Company	<del></del>
	501 Academy Dr. Apt 2	03.	
		Address	
	Kissimmee, FL. 34744		
		City/State and Zip Code	
	thelinetosuccess@gmail.c	com  : (to be used for future annual report not)	tication)
For further informati	ion concerning this matter, please		
Nicholas Perry		321 337-9877	
Na	ame of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
<b>■ \$25.00</b> Filing Fe	ee \$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)
	ion Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ladder To Success 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  $\frac{02/08/2024}{1}$ and assigned Florida document number L24000071367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 , Florida 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 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	Nicholas Perry	6100 LAKE ELLENOR DRSUITE 151 #1174	<b>≡</b> ∧dd
		ORLANDO. FL 32809	□Remove
			□Change
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o <u>te:</u> 1	date, if other than the date of filing:
ecord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ited _	2024 
	, † /
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00