

L 09000092706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

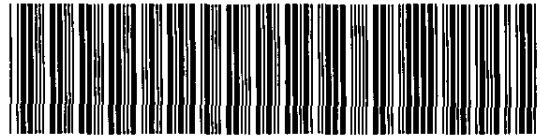
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -5 AM 8:16

JUL 8 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Codereign Technologies, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Topolka
Name of Person
Codereign Technologies, LLC
Firm/Company
23012 Old Inlet Bridge Dr.
Address
Boca Raton, FL 33433
City/State and Zip Code
atopolka@codereign.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Topolka at (**561**) **8437531**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JUL -5 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 25, 2013

ANNA TOPOLKA
23012 OLD INLET BRIDGE DR
BOCA RATON, FL 33433

SUBJECT: CODEREIGN TECHNOLOGIES, LLC
Ref. Number: L09000092706

We have received your document for CODEREIGN TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00015945

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

Codereign Technologies, 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 09/25/2099 and assigned

Florida document number L09000092706

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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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 23012 Old Inlet Bridge Drive
(Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL 33433

Enter new mailing address, if applicable: 23012 Old Inlet Bridge Drive
(Mailing address MAY BE A POST OFFICE BOX) Boca Raton, FL 33433

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 _____
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

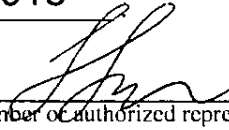
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 7, 2013



Signature of a member or authorized representative of a member

Anna Andersen

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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