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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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R. WHATE.
MAY 1 3 2023

COVER LETTER

	ation Section a of Corporations				
CUDIECT.	Suffrode	Systems	, LL C		
SUBJECT:	(0000	Name of Lim	ited Liability Company	<u> </u>	
The enclosed Art	icles of Amendment	and fee(s) are sub	mitted for filing.		
Please return all	correspondence conc	erning this matter	to the following:		
		Eric N	1. Baymel Name of Person		
			Name of Person		-
		Softone	Systems LE	C	
			Firm/Company		
		305 N. C	Olive Avenue =	#3//	
		West Da	M Beach F. City/State and Zlp Code	<u> 33401</u>	
		ebayme	1 © Soffcode. (to be used for future annual	C 71 Mm	
		E-mail address: (to be used for future annua	al report notification)	
For further inform	nation concerning th	is matter, please c	all:		
Eric	Bayme/		., 561	324-04	
	Name of Person		at (<u>\$6/</u>)	Daytime Telepho	one Number
Enclosed is a che	eck for the following	amount:			
□ \$25,00 Filing	g Fee 🙇 \$30.00 Certi	Filing Fee & ficate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Softcodo.	Systems	, 44 6	2020 2022 28	PH 1:50
(Name of the Limite	d Liability Come A Florida Limited	any as it now appe Liability Company)	2020 A. 28	
The Articles of Organization for this Limited Liz		y were filed on _	October 20, 201	zand assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lia	bility company l	<u>nere</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liab	pility Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		805 N. Apt 3/ West Pak	Olive Avenue 11 Beach, FL	33401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		805 N Apt 3/1 West Pal	n Brach, FL	33401
B. If amending the registered agent and/or reagent and/or the new registered office addres				
Name of New Registered Agent:	Eric	M. Bayn	·e/	
New Registered Office Address:	805	N. Olive A	cave Apt 311	₩
				33401 Zip Code
N				

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 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
MGR	Eric M. Baumel	805 N. Olive Avenue	
		Apt 311	□ Remove
		West Palm Beach, FL 33401	X Change
MGR	Lori H. Baymer	805 N. Olive Avenue	
		Apt 311	□Remove
		Apt 311 Wat Palm Beach, FC 33401	⊠ Change
			□Add
			□Remove
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ecord specifi s filed.	es a delayed effe	ective date, but no	ot an effective	time, at 12:01 a	1.m. on the earl	ier of: (b) Th	ie 90th day after	r the
ted	Apr./	23	. <u>202</u>	<u>o</u> .				
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