

L15000064547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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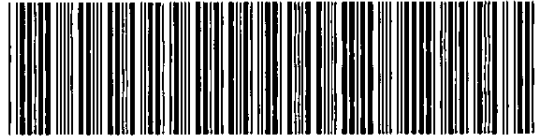
(Business Entity Name)

(Document Number)

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01/25/16--01008--004 **25.00

APPROVED
FILED
16 JAN 25 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 JAN 25 AM 10:33

K. SALY
EXAMINER
JAN 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Code enterprises 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:

Danyell Hobison
Name of Person

Firm/Company

2533 Thornton Rd
Address

Tallahassee FL 32308
City/State and Zip Code

Danyell Hobison
E-mail/address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danyell Hobison at () 661 4945
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Code Enterprises LLC

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

16 JAN 25 AM 10:32

APPROVED
FILED

The Articles of Organization for this Limited Liability Company were filed on 4/14/2015 and assigned
Florida document number L15000064547

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**)

Joey Robison President
404 Shadeville Hwy
Crawfordville FL 32327

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

404 Shadeville Hwy
Crawfordville FL 32327

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:

JOEY ROBISON

New Registered Office Address:

404 SHADEVILLE HWY

Enter Florida street address

CRAWFORDVILLE

City

Florida

32327

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 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:

MBR = Member
AMBR = Authorized Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Joey Robison	404 Shadenville Hwy Crawfordville FL 32327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Danyell Robison	2533 Thornton Rd Tallahassee FL 32308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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16 JUN 25 AM 10:32
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16 APR 25 11:10:33

Figure 1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

Prin

Signature of a member or authorized representative of a member

Danyell Robinson

Typed or printed name of signee