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COVER LETTER

TO: Registration : Division of C			
John A. R	ode "LLC'		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
	John A. Rode		
		Name of Person	
		Finn/Company	
	600 N.W. 76th Terrace		
		Address	
	Plantation, FL 33324		
		City/State and Zip Code	
	jrode3115@gmail.com		
	E-mail address: (to	be used for future annual report notif	fication)
For further information	concerning this matter, please cal	1:	
John A. Rode		954 471-5402 at () Area Code Daytime	
Name	of Person	Area Code Daytime	e 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

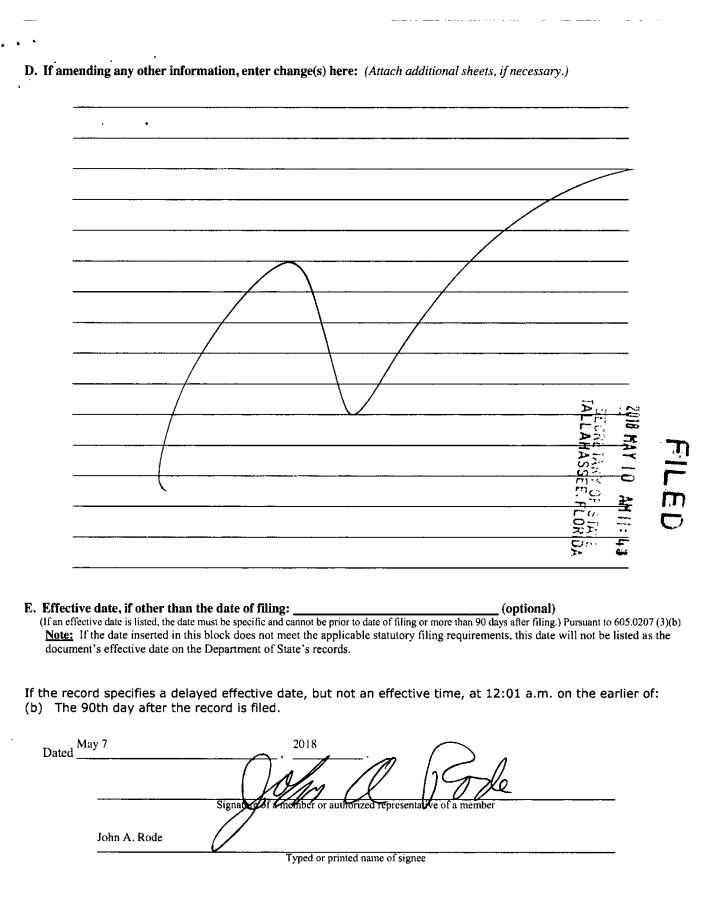
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John A. Rode "LLC"		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	· · · · · · · · · · · · · · · · · · ·
(********	,	
The Articles of Organization for this Limited Liability Company	were filed on 04/16/2015	and assigned
Florida document number L15000066615		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Rode Investigations LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
(Principal office address MUST BE A STREET ADDRESS)		_
	<i>/</i> !	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training districts of the bond,		
B. If amending the registered agent and/or registered off	See address on our records enter	the name of the now
registered agent and/or the new registered office address here		the name of the new
	۲	*****
N. CN. D. C. LA		
Name of New Registered Agent:		- E
New Registered Office Address:		ASS A
	Enter Florida Areet address	SEX 70
	, Florida	mo an
	City , Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
		A
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and , if this document is
If Chan	oing Registered Agent, Signature of New R	egistered 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 Title Name **Address Type of Action** □ Add _□ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change _ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change



Page 3 of 3

Filing Fee: \$25.00