

216000146313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

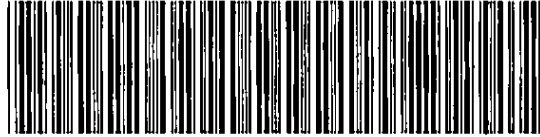
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CODE.FRAL 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

GRACE MCEVOY

Name of Person

Firm/Company

8020 NW 101 AVE

Address

TAMARAC, FL 33321

City/State and Zip Code

SouthFloridaAgent@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

GRACE MCEVOY

561

345-9817

at ()

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
Chifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CODE.FRAL 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 08/04/2016 and assigned
Florida document number L16000146313

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

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	DEGLON, JEAN	14980 WINDBLUFF ST	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MCEVOY, GRACE	8020 NW 101 AV	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRANIER, DELPHINE	34 RUE DE LA FIGAIRASSE	<input checked="" type="checkbox"/> Add
		MONTPELLIER, FR 34000 FR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRANIER, ALBANE	34 RUE DE LA FIGAIRASSE	<input checked="" type="checkbox"/> Add
		MONTPELLIER, FR 34000 FR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRANIER, CONSTANCE	34 RUE DE LA FIGAIRASSE	<input checked="" type="checkbox"/> Add
		MONTPELLIER, FR 34000 FR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	GRANIER, CONSTANCE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 OCTOBER 15, 2018

FRANÇOIS GRANIER

Typed or printed name of signer