L18000176367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Franklin McCall emailed me the street address to use for the RA 7/9/24 dcc

need street address for RA

Office Use Only

200430589222

06/03/24--01012--006 **25.00

FILED
2024 JUN -3 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

Amend/Name Change

JUL 09 2024

D CUSHING

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Dizzy Codes 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:

Frances McCall
Name of Person

Firm/Company

P.O. BOX 1262
Address

Vero Beach FL 32961
City/State and Zip Code

info@letscodestories.com
E-mail address: (to be used for future annual report notification)

FILED
2024 JUN -3 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frances McCall at ( 772 584-1012
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 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

Dizzy Codes 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 01-19-2018 and assigned Florida document number L18000017627.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Decision Coding LLC

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)***

FILED
2024 JUN -3 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Frances McCall

New Registered Office Address: 2050 13th Ave
*Enter Florida street address*

Vero Beach, Florida 32961
*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 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.*

Frances McCall

**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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing: _____ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 28, 2024.

Frances McCall

Signature of a member or authorized representative of a member

Frances McCall

Typed or printed name of signee

**Filing Fee: $25.00**