L18000249574

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	 ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

го:	Registration Se Division of Cor			
emb n	г <i>с</i> тг.	ArdentX LLC		
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Connor Miller		
			Name of Person	
		1 Decided, LLC		
			Name of Limited Liability Company re(s) are submitted for filing. sthis matter to the following: Name of Person Firm/Company I Avenue Address L 32216 City/State and Zip Code @gmail.com bail address: (to be used for future annual report notification) ter, please call: at (
		8301 Highfield Avenue		
			Address	
Jacksonville, FL 32216				
		·	City/State and Zip Code	
		Ardent.Connor@gmail.com		
		E-mail address: (to be used for future annual report n	otification)
For fur	ther information c	oncerning this matter, please ca	all;	
Conne	or Miller			
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	ed is a check for th	ne following amount:		
ઇ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	Registration Sec	ction porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ArdentX LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 24, 2018	and assigned
Florida document number L18000249574		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
I Decided, LLC		
The new name must be distinguishable and contain the words "Limited Liab"	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8301 Highfield Avenue	= 5 6
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32216	
Enter new mailing address, if applicable:	8301 Highfield Avenue	7 PH 15 D
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32216	(라. 6 :
·——·		21
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the n
New Registered Office Address:	Enter Florida street address	
	, Florid: , Florid:	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Charles Miller	6675 Corporate Center Parkway, Suite 300, Jacksonville, FL 32216	
			<u>ប</u> ្បី Remove
			Change
AMBR	Clayton Barnes	6675 Corporate Center Parkway, Suite 300, Jacksonville, FL 32216	Add
			<u>√</u> £ Remove
			Change
			Add
			□ Remove
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P.664		1			· »	
(If an ef Note:	tive date, if other than the fective date is listed, the date must off the date inserted in this bloment's effective date on the De	t be specific and cannot book does not meet the	he applicable statut	ling or more than 90 ory filing requiren	(optional) days after filing.) Pursua nents, this date will not	nt to 605.0207 (3 t be listed as th
the re	cord specifies a delayed e 90th day after the reco	effective date, ord is filed.	but not an effe	ective time, at	12:01 a.m. on the	e earlier of:
Dated	1/4/19 -4/1-1/KE	· · ·	·			

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Typed or printed name of signee

Filing Fee: \$25.00