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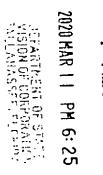
(Requestor's Name)
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MAR 2 6 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co		,	•			
	NITE, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ALEXANDER W MINOF	3				
		Name of Person	-			
	CODE BY NITE, LLC		•			
		Firm/Company				
	8890 NATURE VIEW LN	r w				
		Address				
	JACKSONVILLE, FL 322	217				
	ALEX@CODEBYNITE.N	City/State and Zip Code ET				
	E-mail address: (to be used for future annual report not	fication)			
For further information o	concerning this matter, please ca	all:				
ALEXANDER W MINO	OR	904 704-4366 at ()				
Name o	f Person	Area Code Daytim	ne Telephone Number			
Enclosed is a check for t	he 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 Addres		Street Address:				
Registration S Division of C		Registration Sec Division of Cor				
P.O. Box 632		The Centre of T	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODE BY NITE, LLC		(2)
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	npany were filed on $\frac{02/04/2019}{1}$	Sand assigned
Florida document number L19000034437		是 3
This amendment is submitted to amend the following:		6: 25 6: 25
A. If amending name, enter the new name of the limite	d liability company here:	Mary .
CODE BY NITE LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	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.

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>	Address	Type of Action
MGR	VIRGINIA C MINOR	8890 NATURE VIEW LN W	□Ađd
		JACKSONVILLE, FL 32217	■Remove
			□Change
			🗀 Add
			□Remove
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Effective date, if other than th If an effective date is listed, the date m	e date of filing	g:	<u></u>	(options	il)
If an effective date is listed, the date m Note: If the date inserted in this	ust be specific and block does not n	l cannot be prior to neet the applicat	date of filing or mor de statutory filing	e than 90 days after fili requirements, this da	ng.) Pursuant to 605.0207 (3 ite will not be listed as th
document's effective date on the	Department of S	State's records.		•	
1 25 11 155		00 1 1			
e record specifies a delayed effect ord is filed.	ive date, but not	an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
MARCH 8TH		2020			
Dated			•		
<u>···//</u>	Signature of a r	member or authori	zed representative o	a member	
	_				
ALEXANDER W MI	NOB				

Filing Fee: \$25.00