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COVER LETTER

ro:				
(additional copy is enclosed) Certified Copy				
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
Division of Corporations UDECX DIRECT, LLC Nume 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: MICHAEL T TALL JR Name of Person Firm/Company 14387 AMAPOLA DR Address DELRAY BEACH, FL 33484 City/State and Zip Code MIC_TALL@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL T TALL JR Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy Certificate of Status & Certificate Copy (additional copy is enclosed) Certified Copy				
		CX DIRECT, LLC Name of Limited Liability Company eles of Amendment and fee(s) are submitted for filing. prespondence concerning this matter to the following: MICHAEL T TALL JR Name of Person Firm/Company 14387 AMAPOLA DR Address DELRAY BEACH, FL 33484 City/State and Zip Code MIC_TALL@YAHOO.COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: LL JR Name of Person Area Code Daytime Telephone Number k for the following amount: Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status		
			Firm/Company	
		14387 AMAPOLA DR		
		DELRAY BEACH, FL 334	484	
		MIC_TALL@YAHOO.CO		
		E-mail address: (to be used for future annual report n	otification)
For furt	her information co	oncerning this matter, please ca	all:	
MICHA	AEL T TALL JR			
_	Name of	Person	Area Code Day	ime Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

UDECX DIRECT LLC

(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company	ny were filed on 06/05/2019 and assigned	
Florida document number L19000149216		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ubility company here:	
PATIO DECX, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility 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 or registered agent and/or the new registered office address here		
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	<u>t:</u>	
I hereby accept the appointment as registered agent and agr		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	NATHAN H. TOLLE		
		308 4TH ST PIQUA, OH 45356	■ Remove
			Change
AMBR	NATHAN H. TOLLE	308 4TH ST PIQUA. OH 45356	Add
			Remove
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Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prio ck does not meet the appli	r to date of filing or more than cable statutory filing requi	(optional) 190 days after filing.) Pursuant to (rements, this date will not be I	605.0207 listed as
he record specifies a delayed The 90th day after the reco		ot an effective time, a	at 12:01 a.m. on the ea	rlier of:
Dated	2019	·		
->) The?	norized representative of a me		
`	nghalure of a memoer of autr	ionized representative of a me	HIDCI	
MICHAEL T. TALL JR				
	Typed or prin	ted name of signee		

Page 3 of 3

Filing Fee: \$25.00