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S. PRATHER

COVER LETTER

TO: Registration Section

| Division of Corporations |
|--|
| SUBJECT: Code mott (C) 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: |
| |
| Gamela R. OTT Name of Person |
| codemett 11c |
| Firm/Company . |
| 407 Knightsbridge Circle |
| Davensont th. 33896. City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cicurolla R. OTT at (33) 346-1580. Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy 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

| codemett 11c. | | |
|---|--|--------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records Liability Company) | .) |
| The Articles of Organization for this Limited Liability Company Florida document number 1 (2000) 175 | were tiled on <u>12120</u> | ALL and assigned and assigned ASSEE. |
| This amendment is submitted to amend the following: | | P P |
| A. If amending name, enter the new name of the limited liab | ility company here: | 2: 2: 1 .0RI |
| The new name must be distinguishable and contain the words "Limited Liabile | Solutions U | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 407 Knights Daven Port, F | bridge Circle |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 407 brights Dowen port, F | midge cincle. |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| · | 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 |
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| . If amendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary | ·.) | |
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| (If an effective Note: If the | date, if other than the date of filing: (optional) redate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records. | | |
| the record sp cord is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The | e 90th day a | fter the |
| Dated <u>S</u> | aly 19 2022 | ALLA | 2022 SEP |
| | Giannella Sott | EL. DET GOVE | SEP 22 |
| | Signature of a member or authorized representative of a member | tuř | 22 PH |
| | Giannella Oft | 5TA FLOR | .5. <u>.a.</u> |
| | Typed or printed name of signee | D E E | 26 |

Filing Fee: \$25.00