

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

2020 APR 20 AM 10:15

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CODING 2020, L.L.C.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

HelpSIMMONS

APR 21 2020

COVER LETTER °

TO: Registration Section
Division of Corporations

SUBJECT: CODING 2020, L.L.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:

KLEIN, MICHAEL

Name of Person

CODING 2020, L.L.C.

Firm/Company

900 N FEDERAL HWY 306

Address

HALLANDALE, FL 33009

City/State and Zip Code

mkleinworld@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KLEIN, MICHAEL

786

9008276

at (_____) _____

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

CODING 2020, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 APR 20
AM 10:45

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L20000086008

This amendment is submitted to amend the following:

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

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) _____

900 N FEDERAL HWY, STE 306

HALLANDALE, FL 33009

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:

SORSHER & ASSOCIATES, LLC.

New Registered Office Address:

900 N FEDERAL HWY 306

Enter Florida street address

HALLANDALE

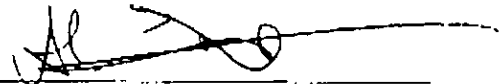
Florida 33009

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|-----------------------------|---------------------------------|
| MGR | KLEIN, MICHAEL | 900 N FEDERAL HWY, STE 306 | <input type="checkbox"/> Add |
| | | HALLANDALE, FL 33009 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GETNER, TOMMY | 17121 COLLINS AVE #903 | <input type="checkbox"/> Add |
| | | SUNNY ISLES BEACH, FL 33009 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Gentner, Thomas Charles Jr. | 6017 FOXHALL FARM ROAD | <input type="checkbox"/> Add |
| | | CATONSVILLE, MD 21228 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

2021 AFK 20 11:10:45

F. 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 04/20 2020

Michael Klein

Signature of a member or authorized representative of a member

KLEIN, MICHAEL

Typed or printed name of signee

Filing Fee: \$25.00