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 Co	porations	
Fax Number	: (850)617-6383	20 \$
From:		<u> </u>
Account Name	: REGISTERED AGENTS INC.	
Account Num	per : I20090000081	
Phone : (	307)200-2803	
Fax Number	: (855)330-1010	$=$ $\mathcal{D}$
រប		
က်	**Fatas the annell address for this husiness paring to be used for future	~ ~ ∂
PH	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	ŗ
<u>∞</u>	Email Address:	
다.		
2028	LLC AMNO/RESTATE/CORRECT OR M/MG RESIGN	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CORRUPT CODING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y SULKER SEP 2 1 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corrupt Coding, LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u> )
(	
The Articles of Organization for this Limited Liability Company were filed on 09/08/2020	and assigned
Florida document number L20000278803	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
	<u>.</u>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	C" or the abbreviation SDL.C."
	名一選
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	표 24
Enter new mailing address, if applicable:	
	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address on our record	s onton the name of the nev
registered agent and/or the new registered office address here:	s, enter the name of the nev
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
Enter Florida street addres	S.S.
	lorida
Ciry	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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Kelsian Cooley	2478 LINKWOOD AVE	
		CLERMONT, FL 34711	□ Remove
			Change
<u>AMBR</u>	Narcissism & Genius LLC	2478 LINKWOOD AVE	
		Clermont, FL US 34711	☑ Remove
			Change
		·	□ Add
			☑ Remove
			Change
			Add
			Remove
			Change
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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of: 0th day after the record is filed.
Dated S	eptember 18 2020
	Signature of a member or authorized representative of a member
	Morgan Noble
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00