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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations .				
SUBJECT: Jathan Des	igns LLC				
		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Jathan Murphy				
	Jaulan Murphy	Name of Person			
	Jathan Designs LLC			22	
		Firm/Company	;	7021 AF	
	1002 Wurst Rd.			FO :	: ·
		Address		ت دی :	t
	Ocoee, FL 34761	Challe 17, C. I	10.00 (1.00 (1.00)	H 3: 00	ن _{ـــ} <u>أ</u>
	1 1 0 1 1 1 1	City/State and Zip Code	(<u></u>	S	
	derick@jathandesigns.com E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please c	all:			
Jathan Murphy		at (407) 967-7979			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne 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 Certificate o Certified Co (additional copy	€Status &	
Mailing Addres Registration S		Street Address:	otion		
Division of C		Registration Sec Division of Corp			
P.O. Box 632	7	The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jathan Designs LLC	1744			
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our recor rida Limited Liability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liability	Company were filed on November 10, 2	020	and assi	gned
Florida document number L20000355758				
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	mited liability company here:	, ş	2021	
Kodrick LLC		* * * * * * * * * * * * * * * * * * *	ر جه دور	
Rodrick LLC The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbi	reviation "L.I	Ç."
Enter new principal offices address, if applicable:		:::	Co (:
Principal office address MUST BE A STREET ADI	DRESS)	iála Ha		- j
		;n5.		
		Fire	Č.	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
Transing water Cos 197/11 DD /11 OD1 OT FICE DOM				
				-
B. If amending the registered agent and/or register	red office address on our records, enter	r the name	of the new	registe
igent and/or the new registered office address here	2:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	35.5		
	F	lorida		
	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	d 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>	Address	Type of Action
			_ 🗆 Add
			□Remove
			□Change
			_ 🗆 Add
		21 KPR	Remove
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ocument's effective date on the	: Department of S	state's records.					
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