121000257496

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #	9		
PICK-UP WAIT	MAIL		
(Business Entity Name)		
(Document Number)			
Certified Copies Certificates o	f Status		
Special Instructions to Filing Officer:			

Office Use Only



400383749514

03/18/22--01005--010 **25.00

22 HER 18 PH 1:27

T. MATTHEWS MAR 29 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Section on of Corpora			
SUBJECT:	CODIAD LL	.C	•	1
		Name of Lim	ited Liability Company	
The enclosed A	rticles of Amo	endment and fee(s) are sub	mitted for filing.	
Please return al	l corresponder	nce concerning this matter	to the following:	
	_	WAYNE PATTON		
			Name of Person	
	_	WAYNE PATTON JD I.	LC	
	_		Firm/Company	
		15757 PINES BLVD ST	°E 220	
	-		Address	
		PEMBROKE PINES, F	L 33027	
	•		City/State and Zip Code	
	_	WAYNE@MWPATTON.COM F-mail address: ()	to be used for future annual report notifi	ication)
For further info	rmation conce	rning this matter, please ca	·	·····,
WAYNE PA	TTON		at (850) 803-1166	
	Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the fo	Howing amount:		
■ \$25.00 Filin	ng Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address:		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 14 18 PH 1: 22

CODIAD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L21000257496 Florida document number 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 "LLC." 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 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: New Registered Office Address: Enter Florida street address

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

_ _ ____, Florida ____

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALMA AIMAKOVA	2222 SW CAPE COD DRIVE	🗀 Add
		PORT ST LUCIE. FL 34986	■Remove
			□ Change
MGR	RIKKUST LLC	1729 NW St Lucie West Blvd #1130	≣ Add
		Port St Lucie, FL 34986	
			□Change
			□ Add
			□Remove
		 	□ Change
			□Add
			□Remove
			□ Change
			🗖 Add
			□Remove
			☐ Change
		- <u></u>	□Add
		 	□Remove
			□Change

ve date, if other than the date of filing:
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 ed.
March 14 2022
Signature of a member or authorized representative of a member

Typed or printed name of signee