

221000257496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

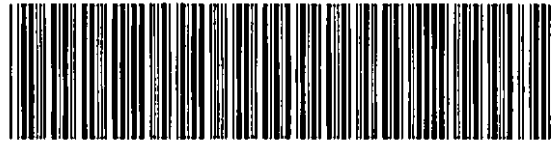
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

22 MAR 18 PM 1:22

T. MATTHEWS

MAR 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CODIAD LLC

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:

WAYNE PATTON

Name of Person

WAYNE PATTON JD LLC

Firm/Company

15757 PINES BLVD STE 220

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

WAYNE@MWPATTON.COM

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

For further information concerning this matter, please call:

WAYNE PATTON

Name of Person

at (850)

Area Code

803-1166

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

22 FEB 18 PM 1:22

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

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	ALMA AIMAKOVA	2222 SW CAPE COD DRIVE	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIKKUST LLC	1729 NW St Lucie West Blvd #1130	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.



M. WAYNE PATTON, ATTORNEY FOR MEMBERS

Typed or printed name of signee