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OF APR 18 PH 3: 11

T. MATTHEWS MAY 23 2022

COVER LETTER

Division of Corp	orations		
SUBJECT: Xodus	Brand LLC		
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter (to the following:	
	Timaly 1	Seard Name of Person	
	1	- 1	
	Kodus	Brand LLC Firm/Company	
	`	Firm/Company	
	10746 5	las lath torr.	
	10 174 0	W 67th terr. Address	
	() Cela, FL	City/State and Zip Code cerd. 15 @ smail. o be used for future annual deport notit	
		City/State and Zip Code	
	timothyt	seard. 15@gmail.	ion
	१५-मासम् वर्धसारङ्गः, (१	o be used for future annual seport non-	(cation)
For further information cor	ncerning this matter, please ca	ll:	
T- 11	Ro. P	352 207-1	157
Name of I	Person	at (352) 207-6 Area Code Daytime	Telephone Number
•		•	·
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327

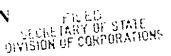
``TO:

Registration Section

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



Xodus Brand LLC

22 APR 18 PM 3: 11

(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 Co	ompany were filed on 12/15/21	and assigned
Florida document number L21000526198	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		,
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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>	Name	Address	Type of Action
MGR	Timothy Beard	10746 S.W. 67th tor.	ZAdd
	·	10746 S.W. 67th tor. Ocale, FL: 34476	□Remove
			□Change
AMBR	Kashung Bound	10746 JW. 67th terr.	_ ZAdd
		Ocala, FL, 34476	□Remove
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reffective date is te: If the date i	other than the dat listed, the date must be a nserted in this block we date on the Depar	specific and cannot does not meet the	: applicable statu	iling or more than 90 tory filing require	(optional) I days after filing.) Pr nents, this date wi	ursuant to 605.020 If not be listed a
s filed.	i delayed effective da					Oth day after the
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9	inoth Sign	Stand nature of a member	or authorized repr	esentative of a mem	per	
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