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Y. SCOTT APR 1 6 2022

## **COVER LETTER**

TO:

Registration Section

porations		
COL	DESIGN LLC	
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
	JOSE LEON	
	Name of Person	
LBS LI	ON BUSINESS SERVICES LL	200 S-E
	Firm/Company	72 1
8333 WI	EST MCNAB ROAD SUITE I	2022 MAR 31 PM 2: 37 SEGNETATION SEEF. HL
	Address	\$50 <b>v</b> [
Т	AMARAC, FLORIDA 33321	15 S
	City/State and Zip Code	37
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		otification)
oncerning this matter, please c	all:	
EON	954 323-9074	
Person		me Telephone Number
e following amount:		
□ \$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)
	Street Address: Registration S	ection
	Division of Co	orporations
/ FL 32314		Tallahassee oe Street, Suite 810
	Name of Lin  Amendment and fee(s) are substituted and seed to be a substitute of LBS LI  8333 WI  E-mail address: ( concerning this matter, please of LEON  f Person  the following amount:  \$30.00 Filing Fee & Certificate of Status  Section  orporations  7	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  JOSE LEON  Name of Person  LBS LEON BUSINESS SERVICES LL  Firm/Company  8333 WEST MCNAB ROAD SUITE 1  Address  TAMARAC, FLORIDA 33321  City/State and Zip Code  info@leonbusineservices.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  LEON at (

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODESIGN LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number	n01/26/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	ıy here:	
CO D SIGN LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		27
		20 ω (====================================
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	मिन सिर्	N.
	77	N
	m	7
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name	of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	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 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 = M $AMBR = At$	anager uthorized Member		
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	MENDING LLC	NAME							<del>_</del>
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ecord specific	es a delayed effect	tive date, but n	ot an effectiv	e time, at 12	:01 a.m. on tl	ne earlier of:	(b) The 90	th day at	fter the
ted	3/28	,	202	<u>λ</u> .					
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Filing Fee: \$25.00