

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000296777654

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To:

Division of Corporations
Fax Number : (850)617-6382

From:

Account Name : INCFILE.COM LLC
Account Number : 120220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CODA NETWORKING LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023
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SEP 01 2023
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CODA NETWORKING 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City State and Zip Code

EFFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

888-462-3453

at ()

Name of Person

Area Code

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODA NETWORKING 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 05/25/2023 and assigned
Florida document number L23000257654

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 "L.L.C."

Enter new principal offices address, if applicable:

4008 15th St W

(Principal office address MUST BE A STREET ADDRESS)

Lehigh Acres, FL 33971

Enter new mailing address, if applicable:

4008 15th St W

(Mailing address MAY BE A POST OFFICE BOX)

Lehigh Acres, FL 33971

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

City, Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Coda Ferguson	4008 15th St W	☐ Add
		Lehigh Acres, FL 33971	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *Attach additional sheets, if necessary.*

E. Effective date, if other than the date of filing: _____ (optional)

If a delayed date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (this must be on 8/1/2027 or later).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

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 filing date.

Filed _____ 14th August 2023

Coda Ferguson

Signature of a member or authorized representative of a member

Coda Ferguson

Printed or printed name of signer