

L23000445501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

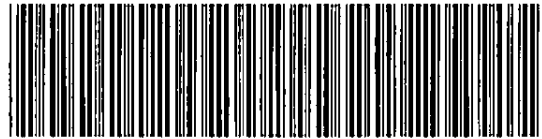
(Business Entity Name)

(Document Number)

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06/13/24--01004--004 **\$9.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CODOR 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:

Joëlin Noël

Name of Person

COD'OR LLC

Firm/Company

1552 SE Floresta Dr

Address

Port Saint Lucie Florida, 34983

City/State and Zip Code

joovenjy()@gmail.com

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

For further information concerning this matter, please call:

Jocefin Noel

352 745 9520

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

CODOR LLC

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 | Jocelin Noel | 957 SE O Donnell Ln, Port Saint Lucie Fl 34983 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Daphnee Noel | 957 SE O Donnell Ln, Port Saint Lucie Fl 34983 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | David Noel | 957 SE O Donnell Ln, Port Saint Lucie Fl 34983 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Alexander Noel | 957 SE O Donnell Ln, Port Saint Lucie Fl, 34983 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Nehemie Noel | 957 SE O Donnell Ln, Port Saint Lucie Fl, 34983 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[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)

Dated June 06, 2024

Typed or printed name of signee

Filing Fee: \$25.00