## L23000504547

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
( - <b>,</b> , ,
PICK-UP WAIT MAIL
(5)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
CODEVEL	OP LLC			
SUBJECT:	Name of Lim	ited Liability Company	. <del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sebastian Alejandro Sal	azar		
		Name of Person		
	CODEVELOP LLC			
		Firm/Company		
502 Via del Oro Drive, Unit 205				
	Address			
	Altamonte Springs, FL, 3	32714		
		City/State and Zip Code	<del></del>	
	sebastiansalazarp27@gn	nail.com to be used for future annual report notifi	(antina)	
For further information of	concerning this matter, please c		(Carroll)	
Sebastian Alejandro S	alazar	407 3940658		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction	
Division of C		Division of Corp	porations	
P.O. Box 633		The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODEVELOP LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited L Florida document number L23000504547	iability Company	were filed on 11/06/	2023 an	nd assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
NEUROZAR LLC				
The new name must be distinguishable and contain the w	vords "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		502 Via del Oro Di	rive, Unit 205	
		Altamonte Springs	5, FL, 32714 <u>本</u> 经	2024 C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or regent and/or the new registered office addre	registered office	502 Via del Oro Di Altamonte Springs address on our recon	s, FL, 32714	T31 FILE D
Name of New Registered Agent:				
New Registered Office Address:	502 Via del O	ro Drive, Unit 205		
		Enter Florida	street address	
	Altamonte Spi	rings	, Florida <sup>32714</sup>	
		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>	<u>Name</u>	Address	Type of Action
coo	Juan Jose Oberto	5342 Loblolly Ln Wildwood, FL 34785	■Add
			□Remove
		<del></del>	□Change
			□Add
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			Change

	<del></del>
(If an el Note:	ive date, if other than the date of filing:
he reco	rd 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 led.
Dated	October 26. 2024.
	1.1
	of the state of th
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00