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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

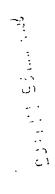




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7/11/24



COVER LETTER

TO: Registration Division of C	Section Corporations
SECUR SUBJECT:	E CODE PROS LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	DANIEL J NEWMAN
	Name of Person
	SECURE CODE PROS LLC
	Firm/Company
	31923 ELIZABETH LN
	Address
	TAVARES, FL 32778
	City/State and Zip Code
	contact@lifeofdan.me
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Dani	el J. Newman at 352 434 - 8024 me of Person Area Code Daytime Telephone Number
Na.	me of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
S25.00 Filing Fo	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

SECURE CODE PROS LLC		-		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as It now appears Jability Company)	on our records.)	
te Articles of Organization for this Limited Li	ability Company	were filed on JUN	E 3, 2024 and assig	ened
orida document number L24000252069	·			•
uis amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liab	ility company her	e :	
	 _		<u>.</u>	
e new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "LL	.c
ater new principal offices address, if applic	able:			
Principal office address MUST BE A STREET ADDRESS)		31929 ELIZABE	TH LN	
		TAVARES, FL	32778	
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)		" -	_
3. If amending the registered agent and/or i	registered office	address on our rec	cords, enter the name of the new	regist
gent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	DANIEL J NE	WMAN		
New Registered Office Address:	31929 ELIZA	BETH LN		
		Enter Floria	da street address	
	TAVARES		, Florida 32778	
		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 = Manager AMBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	SAMANTHA M NEWMAN	31929 ELIZABETH LN	\$ Add
		TAVARES, FL 32778	□Remove
			OChange
 -			DAdd
			ORemove
			Change
 -			
			[]Remove
			OChange
_		·	DAdd
		 	☐Remove
			Change
			
			□Remove
			Change
		<u> </u>	
			□Remove
			Change

The second property of a member	<u> </u>	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, If other than the date of filing: (Optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (It he 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 coord is filed. Dated JUNE 17 2024 Signature of a member or authorized representative of a member	-		
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Signature of a member or authorized representative of a member	JUNE 17	2024	
DANTEL I NEWMAN	blasel	Signature of a member or authorized representative of a member	· ()
	DANTEL INCUMA	l N	

Filing Fee: \$25.00

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