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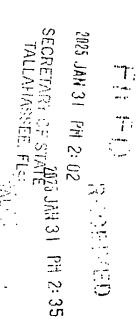
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Name of Limit	STRUCTION ted Liability Company	V LLC	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Micha	Name of Person		
		Firm/Company		
	27750	D Lisa Dr		
	Tavare	S, F1.327	8 F	
	Cody Const	City/State and Zip Code 1 U (gmail.comes &	F1*.
For further information co	oncerning this matter, please ca	ill:	ARY ARY	
Michael Name of	Cody	at (\$\frac{\chi 2\chi}{\text{Area Code}} \frac{\chi - \chi \chi}{\text{Daytime}}	SECRETARY OF STATE SECRETARY OF STATE SOCIETARY OF STATE Telephone Number	[
Enclosed is a check for the	e 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

(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		and assigned
Florida document number L2500030	<u> </u>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "Ll.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
		S: 20
Enter new mailing address, if applicable:		2025 J 2025 J SECR
(Mailing address MAY BE A POST OFFICE BOX)	1	
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		기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
B. If amending the registered agent and/or registered affice address her	ered office address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address her	<u>re</u> :	02 NTE
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ess
	, F	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.

Tanua 16 2025

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>	Name	Address	Type of Action
<u> 16R</u>	Michael L. Cody	27750 Lisa Dr.	[XAdd
	·	Tavares, F1. 32778	□Remove
			□Change
AR	Heather N. Cody	27750 Lisa Dr.	🗆 Add
		Tavares, F1-32778	Remove
			Change SEC
			2025 JAN 31 SECRETAGE TALLAHI
			Remove
			N 3 Remove PH 2:02
,			□Add
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