

L04000082097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

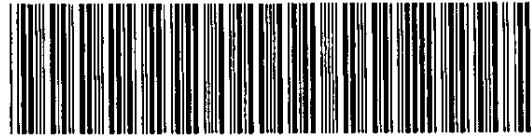
(Business Entity Name)

(Document Number)

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2010 JUL 30 AM 10:50  
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B. KOHR

JUL 30 2010

EXAMINER



CORPORATION SERVICE COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL 30 PM 1:18

ACCOUNT NO. : I20000000195  
REFERENCE : 463958 82866A  
AUTHORIZATION :  
COST LIMIT : \$ PPD

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ORDER DATE : July 30, 2010  
ORDER TIME : 10:03 AM  
ORDER NO. : 463958-065  
CUSTOMER NO: 82866A  
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DOMESTIC AMENDMENT FILING

NAME: ODYSSEY (III) DP XVII, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL 30 PM 1:10

ODYSSEY (III) DP XVII, 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 11/12/2004 and assigned  
Florida document number L04000082097.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Odyssey Diversified Properties III, LLC</u>	<u>500 S. FLORIDA AVENUE, SUITE 700</u> <u>LAKE LAND, FLORIDA 33801</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	<u>OC DIP, LLC</u>	<u>500 S. FLORIDA AVENUE, SUITE 700</u> <u>LAKE LAND, FLORIDA 33801</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

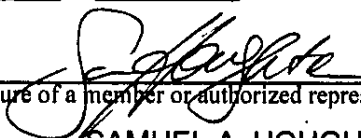
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\_\_\_\_\_

\_\_\_\_\_

Dated JULY 30, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 SAMUEL A. HOUGHTON  
 \_\_\_\_\_  
 Typed or printed name of signee