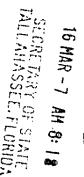
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Special Instructions to F	Filing Officer:	

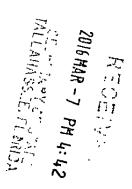
Office Use Only



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COVER LETTER

	ision of Cor			
SUBJECT:	ODIGOMI	INVESTMENT, LLC.		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ottavio Carletti		
			Name of Person	
		ODIGOMI INVESTMEN	r, llc.	
			Firm/Company	
		8910 North Dale Mabry, s	uite 37	
			Address	
		Tampa, FL 33614		
			City/State and Zip Code	
		frankjea@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please or	all:	
Ottavio F. C	Carletti		305 209-6099 .	
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 F	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODIGOMI INVESTMENT, LLC.			
Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on 05/11/2006	and assigned
Florida document number L06000048825	 •		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8910 North Dale mabry hwy, #37	
(Principal office address MUST BE A STREE	TADDRESS)	Tampa FL, 33614	TE SEC
			全
			AS S
Enter new mailing address, if applicable:		8910 North Dale mabry hwy, #37	25 7
(Mailing address MAY BE A POST OFFICE BOX)		Tampa FL, 33614	
			25 G
B. If amending the registered agent and/or registered agent and/or the new registered of			er the name of the new
registered agent and/or the new registered of	nce augress her	<u>e</u> :	•
Name of New Registered Agent:	Ottavio Carlett	i	
New Registered Office Address:	8910 North Da	le Mabry, #37	
		Enter Florida street address	
	Tampa	, Florida	33614
		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

Page 1 of 3

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
AMBR	Mirna Carletti	8910 North Dale Mabry #37	
		Tampa FL, 33614	□ Remove
			☐ Change
AMBR	Ottavio Carletti	5716 Piney Lane dr.	A dd
		Tampa FL, 33625	Remove
		·	☐ Change
			□ Add
			☐ Remove
			Change
		-	Add
			□ Remove
		NOTE OF THE PARTY	Change
			Add
			□ Remove
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		**************************************	□ Remove
			☐ Change

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		Signature of a member or authorized represe	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00