

LO7000030227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

LO7-30227

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300175371323

04/14/10--01009--024 **55.00

FILED
10 MAY 10 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. MAY 11 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OD IRON, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIE CASTRO
Name of Person

OD IRON, LLC
Firm/Company

10130 NORTHLAKE Blvd #214-270
Address

West Palm Beach, FL 33412
City/State and Zip Code

MARIE@ODIRON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE CASTRO at (954) 540-8336
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)
- Sent Already*

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2010

MARIE CASTRO
10130 NORTHLAKE BOULEVARD
SUITE 214 #270
WEST PALM BEACH, FL 33412

SUBJECT: OD IRON LLC
Ref. Number: L07000030227

We have received your document for OD IRON LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 2 of the Amendment with the required signature page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 610A00009290

ARTICLES OF AMENDMENT
'TO'
ARTICLES OF ORGANIZATION
OF

FILED
10 MAY 10 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OD IRON, 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 3/21/2007 and assigned
Florida document number 407000030227

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)

10130 NORTHLAKE BLVD #214-270
WEST PALM BEACH, FL
33412

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10130 NORTHLAKE BLVD #214-270
WEST PALM BEACH, FL
33412

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>
_____	_____	_____	<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
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

FILED
 10 MAY 10 AM 8:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated May 5, 2010

Marie Castro

Signature of a member or authorized representative of a member

MARIE CASTRO

Typed or printed name of signee