LU7000050964

(Requestor's Name)
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,
(City/State/Zip/Phone #)
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EXAMINER



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EFI	ECTI	VE DATE:					
		S OF AMENDMENT D ARTICLES OF		2 PA	RATTON		

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OD VII RESIDE	NTIAL, LLC	;	`Y 600
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear ability Company)	rs on our records.	and assigned
The Articles of Organization for this Limited Liability Company w	vere filed on	05/14/2007	and assigned *
Florida document numberL0700050964			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite 'L.L.C."	d Liability Compa	ny," the designation "L	LC" or the abbreviation
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 registered agent and/or the new registered office address here:		our records, <u>enter t</u>	te name of the new
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	En	ter Florida street addr	ess
		Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> **Address** Type of Action Odyssey Mangement III, UC **MGR** 500 SOUTH FLORIDA AVENUE, SUIT | Add LAKELAND, FLORIDA 33801_____ OC DIP, LLC MGR LAKELAND, FLORIDA 33801 Remove ☐ Add ☐ Remove Add Remove Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 30 2010 Dated _ Signature of a member or authorized representative of a member SAMUEL A. HOUGHTON Typed or printed name of signee

Page 2 of 2

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