

208000031887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

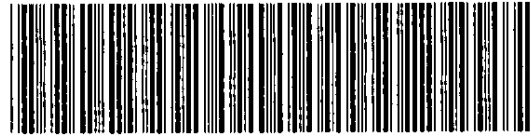
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 JUL 30 AM 10:50
TO ADDITIONAL
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FILED
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DIVISION OF CORPORATIONS
10 JUL 30 PM 1:19

B. KOHR

JUL 30 2010

EXAMINER



CORPORATION SERVICE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 30 PM 1:19

ACCOUNT NO. : I20000000195

REFERENCE : 463958 82866A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 30, 2010

ORDER TIME : 10:04 AM

ORDER NO. : 463958-070

CUSTOMER NO: 82866A

DOMESTIC AMENDMENT FILING

NAME: ODYSSEY DIVERSIFIED IX, 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**

ODYSSEY DIVERSIFIED IX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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DIVISION OF CORPORATIONS
10 JUL 30 PM 1:19

The Articles of Organization for this Limited Liability Company were filed on 03/28/2008 and assigned
Florida document number L08000031887.

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:

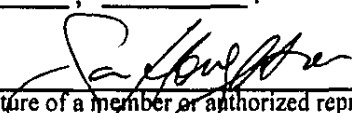
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>Chesney Diversified Properties, Inc.</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.)

Dated JULY 30, 2010


Signature of a member or authorized representative of a member

SAMUEL A. HOUGHTON

Typed or printed name of signee