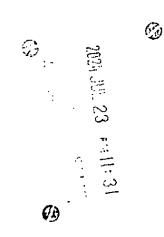
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only	



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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ODOM & BARLO	OW HOLDINGS, LLC	
DOCUMENT NUM	1BER:		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	BRADLEY ODOM		
	<del></del>	Name of Contact Persor	1
	ODOM LAW GROUP, PA		
		Firm/ Company	
	1800 N. E STREET	, J,	
		Address	
	PENSACOLA, FLORIDA 3	2501	
		City/ State and Zip Code	ę.
	email@odomlawgroup.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	se call;	
Bradley Odom		at (	de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee
	7. Box 0527 Ilahassee, FL 32314		Monroe Street, Suite 810

Tallahassee, FL 32303



May 22, 2024

BRADLEY ODOM 1800 N. E ST. PENSACOLA, FL 32501

SUBJECT: ODOM & BARLOW HOLDINGS, LLC

Ref. Number: L09000077513

We have received your document for ODOM & BARLOW HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6000.

Rebekah White Regulatory Specialist III

Letter Number: 324A00011252

JUL 23 2027

## **COVER LETTER**

O: Registration Section Division of Corporations
DBJECT: ODOM + BARLOW HOLDINGS, LLC  Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
BRADLEY S. ODOM  Name of Person  ODOM + BARLOW HOLDINGS, LLC  Firm/Company
1800 NORTH E STREET  Address
PENSACOLA, FL 32501  City/State and Zip Code  ema: 1 e odom law group. net  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
BRADLEY S. ODOM  at (\$50) 434-3527  Area Code Daytime Telephone Number
iclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODOM + BARLOW HOLDINGS,	LLC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L09000077513</u>	August 11, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company  ODOM BUTLDING, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the	-
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)  ——————————————————————————————————	2024
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	22
	·
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of thé-new registered</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter	Florida street address
	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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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i effective date is li te: If the date in	other than the da sted, the date must be serted in this block e date on the Depa	specific and o	cannot be prior to the capplication and the capplications.	o date of filing o	r more than 9 ling require	(option: 0 days after fil ments, this d	ing.) Pursuant to	605.020 listed as
ecord specifies a c s filed.	delayed effective d	ate, but not a	ın effective tir	me, at 12:01 a.i	n. on the ea	rlier of: (b)	The 90th day	after the
<del></del>	15	<del></del>	2024					
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Filing Fee: \$25.00