-

L11000054076

| (Re | equestor's Name) | | | | | |
|---|------------------|------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | dress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | _ | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (100 | cument Number) | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |





300213497063

10/31/11--01018--003 **30.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

T. HAMPTON

NUV - 1 2011

EXAMINER

COVER LETTER

| | of Corporations | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| SUBJECT: | Odyssey Training Solutions LLC | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| The enclosed Art | icles of Amendment and fee(s) are submitted for filing. | | | | | | | |
| Please return all | correspondence concerning this matter to the following: | | | | | | | |
| Joseph Coleman | | | | | | | | |
| Name of Person | | | | | | | | |
| Odyssey Training Solutions | | | | | | | | |
| Firm/Company | | | | | | | | |
| 340 Cassia Blvd | | | | | | | | |
| | Address | | | | | | | |
| Satellite Beach, FL 32937 | | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| odysseytraining@hotmail.com E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For further inform | nation concerning this matter, please call: | | | | | | | |
| | Joseph Coleman at (321) 223-6871 Name of Person Area Code & Daytime Telephone Number | | | | | | | |
| | The Source of Full So | | | | | | | |
| Enclosed is a che | ck for the following amount: | | | | | | | |
| \$25.00 Filing | Fee Solution Filing Fee & Solution Status Solution Filing Fee & Solution Filing Fee & Solution Filing Fee & Solution Status & 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

FILED

~2011 OCT 31 PM 2: 43

ODYSSEY TRAINING SOLUTIONS LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our LADIDA (A Florida Limited Liability Company)

| The Articles of Organization for this Limited L | Liability Company | were filed on | May 06, 2011 | and assigned | |
|--|----------------------|-------------------|-----------------------------|-------------------------|--|
| Florida document numberL1100005 | 4076 | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name o | of the limited liabi | lity company he | <u>re</u> : | | |
| | n/a | | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limit | ed Liability Comp | pany," the designation "I | LC" or the abbreviation | |
| Enter new principal offices address, if appli | cable: | n/a | | | |
| (Principal office address MUST BE A STREI | ET ADDRESS) | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | n/a | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | our records, <u>enter t</u> | he name of the new | |
| Name of New Registered Agent: | n/a | | | | |
| New Registered Office Address: | | | nter Florida street add | ross | |
| | | | | | |
| | | City | , Florida | 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 **Title** Name **Address** Type of Action Heather D Howlett MGR 1841 Sandia Rd Palm Bay, FL 32909 Remove Remove Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 25, 2011 Signature of a member or authorized representative of a member JOSEPH A. COLEMAN

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee