

L12000134529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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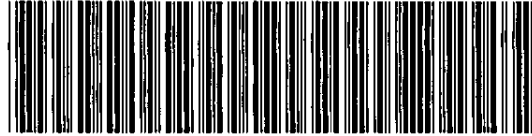
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 30 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odysea Logistics 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:

Oswaldo Pi

Name of Person

Firm/Company

6405 SW 104th Street

Address

Pinecrest, Florida 33156

City/State and Zip Code

osvpi@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Pi

Name of Person

305 987-6262

at ()

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)

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**

Odysea Logistics LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 22, 2012 and assigned
Florida document number L12000134529.

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)

1105 Old Griffin Road

Dania Beach, Florida 33004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1105 Old Griffin Road

Dania Beach, Florida 33004

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>
MGRM	Bridgette Dickerson	313 SW 61st Terrace	<input type="checkbox"/> Add
		Margate, Florida 33068	<input checked="" type="checkbox"/> Remove
MGRM	Wellington Wildgoose	313 SW 61st Terrace	<input checked="" type="checkbox"/> Add
		Margate, Florida 33068	<input type="checkbox"/> Remove
MGRM	Lina M. Ricardo	10748 NW 74th Lane	<input checked="" type="checkbox"/> Add
		Doral, Florida 33178	<input type="checkbox"/> Remove
MGRM	Walter G. Ricardo	320 SW 87th Ct.	<input checked="" type="checkbox"/> Add
		Miami, Florida 33174	<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 November 26, 2012



Signature of a member or authorized representative of a member

Osvaldo Pi

Typed or printed name of signee

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Filing Fee: \$25.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**