

L13000 167353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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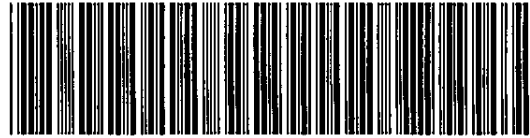
(Business Entity Name)

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STATE OF FLA
TALLAHASSEE
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**LAW OFFICE OF
ROBERT ECKARD
& ASSOCIATES, P.A.**
A Professional Association

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Palm Harbor, FL 34683

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Gisele Rosado* 1 2 8
-Of Counsel-

Licensed to Practice:
-All Florida State Courts*
-Middle District of FL
- Federal Court*
- Bankruptcy Court¹
-United States Supreme Court²
-United States Court of Intl Trade³
-United States Tax Court⁴
-Michigan State Court⁵
-Missouri State Court⁶
-Virginia State Court⁷
-New York State Court⁸
-District of Columbia⁹
-Southern District of Florida⁰

August 28, 2014

Florida Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

**RE: Articles of Amendment to Articles of Organization
Odd Sox, LLC and Odd Sox Distribution, LLC
Our Matter No.: 7355-1401**

To Whom It May Concern:

Please find enclosed the Articles of Amendment to Articles of Organization for Odd Sox, LLC and Odd Sox Distribution, LLC. Also, please find enclosed a check for \$25.00 for each filing fee.

Should you have any questions, please contact our office (727) 772-1941. Thank you.

Regards,

**THE LAW OFFICE OF ROBERT ECKARD
& ASSOCIATES, P.A.**

Meagan Russak
**Meagan Russak, Paralegal to,
ROBERT ECKARD, ESQUIRE
JOELLE SCHULTZ, ESQUIRE**

/mr

Enclosures

cc: Client (E-Mail Only)



COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ODD SOX, 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:

Joelle Schultz, Esquire

Name of Person

The Law Office of Robert Eckard & Associates, P.A.

Firm/Company

3110 US Alt. 19 North

Address

Palm Harbor, FL 34683

City/State and Zip Code

Joelle@Roberteckardlaw.com

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

For further information concerning this matter, please call:

Joelle Schultz, Esq.

Name of Person

at **(727) 772-1941**

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**

ODD SOX, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/01/2014 and assigned Florida document number L13000167353.

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)

12315 62nd Street North, Unit A
Largo, FL 33773

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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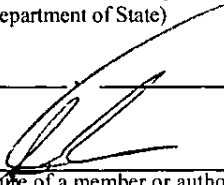
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MASS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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CLERK OF COURT
CLERK OF COURT
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