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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ODETE INVESTMENTS, 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:
Ays Sautsells
Name of Person
Firm/Company
P.O. Box 344305
Address
City/State and Zip Code
City/State and Zip Code Sos, Sauta 16 2 amai - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (<u>786</u>) 663 1997 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ODETTE INVESTMEN	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company was Florida document number <u>11400013674</u> .3	were filed on $\frac{9/02/2014}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	5422 NW 215T AVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5422 NW 21 ST AYE BOCA RATON, FL. 33496
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code.
New Registered Agent's Signature, if changing Registered Agent:	en en
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action** Title Name **Address** GABRIELA ALVAREZ 5422 NW 21 AVE X Add

BOCA RATON, Fl. 33496 - Rem ☐ Change □ Add □ Remove □ Change □ Add □ Remove Change , Add Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00