Name)				
(Address)				
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	ODA ENTERTA Name of Limi	AINMENT, LL C	<u>,                                    </u>	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	_ GAETCH	Name of Person		
		Fim/Company		
	2336 SE 0	OCEANBLUD #3	333	
	STUART, P	Address  TORIDA 349  City/State and Zip Code	96	
		-SHIE GMAIL o be used for future annual report notif		201
For further information co	oncerning this matter, please ca	M:	<u>-</u> ::	
JOE SH	FPerson	at ( 772 ) 631 . Area Code Daytime	5874 e Telephone Number	2019 JAH 28 PH
Enclosed is a check for th	e following amount:		· _	PH 1:56
\$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 State Certified Copy (additional copy is enc	

## 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

		<u> </u>	
(A Flo	orida Limited Liability Company)		
The Articles of Organization for this Limited Liability	ty Company were filed on <u>01   09   2015</u> a	ind assigned	
This amendment is submitted to amend the following	<b>g</b> :	1	
A. If amending name, enter the new name of the	ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  emust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbrevia		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "EEC" or the abbrevia	tion "L.L.C."	_
Enter new principal offices address, if applicable:	:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)		
			<del></del>
		Ì	
Enter new mailing address, if applicable:			
( <u>Mailing address MAY BE A POST OFFICE BOX</u>	7	. !	
		-	
		name of the	e new
		23	
Name of New Registered Agent:			
New Registered Office Address:	<u>:</u>	<u>=</u>	*******
	Enter Florida street address	78	T
		2	
	·	Code -	
	<del></del>	- on	ļ.
provisions of all statutes relative to the proper an accept the obligations of my position as registered	nd complete performance of my duties, and I am familied agent as provided for in Chapter 605, F.S. Or, if this stered office address, I hereby confirm that the limited	ar with and s document	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

•			1
	Authorized Person(s) authorized to mar com our records:	nage, enter the title, name, and address of each	person being added
MGR = Mai AMBR = Aut	nager thorized Member		
<u>Γitle</u>	Name	Address	Type of Action
MUN	JOE SHINGARY	2336 SE OCEAN BWD #3333 STUANT, FL 34996	DAdd
		STUART, FL 34996	Remove
			Change
<del></del>			
			Pemove
			🗆 Change
			□ Remove
			Change
			Add
			Remove
			Change
			D-Addl FT
			D.Remover
			Change
			Add
			_□ Remove
			_□ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	1
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	2018
	9 JAN 28
	77 8
	S. 54 1: 26
	(国)
dective date, if other than the date of filing:	uant to 605,0207 (3 not be listed as th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th he 90th day after the record is filed.	ne earlier of:
Signature of a member or authorized representative of a member	
GRETCHEN L. GAEBET  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00