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COVER	LETTER
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TO: Registration Section Division of Corporations

**ODYSSEY FINANCIAL SOLUTIONS, LL** 

SUBJECT: \_

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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:

JOHN EGUSQUIZA

Name of Person

EGUSQUIZA LAW P.A.

Firm/Company

9960 SW 40TH STREET

Address

MIAMI, FLORIDA 33165

City/State and Zip Code

JOHN@JEELAWPA.COM

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

For further information concerning this matter, please call:

JOHN EGUSQUIZA 305 223-8744 \_\_\_\_\_\_\_\_\_\_\_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

## ODYSSEY FINANCIAL SOLUTIONS 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 Florida document number	were filed on MARCH 4, 2015 and assigned			
This amendment is submitted to amend the following:	THE THE			
A. If amending name, enter the new name of the limited liab	ility company here:			
ODYSSEY FINANCIAL GROUP LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre grou "LL, S."			
Enter new principal offices address, if applicable:	753 SHOTGUN ROAD			
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE , FLORIDA 33326			
Enter new mailing address, if applicable: ( <u>Muiling address MAY BE A POST OFFICE BOX)</u>	753 SHOTGUN ROAD SUNRISE, FLORIDA 33326			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here <u>Name of New Registered Agent</u> : <u></u>	<b>g:</b> Enter Florida street address			
	Florida			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	PONCELIZ, SEBASTIAN	753 SHOTGUN ROAD	Add
		MIAMI, FLORIDA 33326	🗆 Remove
			Change
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			Remove
			🗅 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

MAY 21 Dated	2018
	·
	Signature of a member of authorized representative of a member
	Sebastin Ponceliz
	Typed or printed name of signee

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Filing Fee: \$25.00