## LI5000051838

(Re	questor's Name)	
bA)	ldress)	
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TO:		ation Section		•
SUBJE	ст: _	GLOBAL	FUNDING	

Name of Limited Liability Company

**CÖVER LETTER** 

Dear Sir or Madam:

The enclosed Statement of Correction and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOLA GUZZS Name of Person

CONSULTING 12C Firm/Company

SW 1ST AV STE Address <u>40</u>7

<u>TTIAMI FL</u> <u>33129</u> City/State and Zip Code

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

For further information concerning this matter, please call:

<u>GUZZO</u> at <u>954</u> <u>882 - 20/</u> Area Code Daytime Telephone Number HOLA

**STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

## Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

□ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

**Division of Corporations** 

Tallahassee, Florida 32314

**Registration Section** 

P.O. Box 6327

CR2E062 (2/14)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u> :	The name of the limited liability company is: <u>GLOBAL</u> FUNDING
	BY ODESSEY LLC
<u>SECOND:</u>	The Florida Document number of the limited liability company is $\cancel{1500057838}$
<u>THIRD</u> :	Document to be corrected is:
	NAME OF LLC and one of 3 AMBR
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
7"	ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ted statement are as follows:
Í	PO IN NAME AND AMBR
	"LACE "NAME "ODISSEY" WITH "ODYSSEY"
BEF	PLACE IN AMBR ODISSEY CAPITAL MANAGEMENT
LLC	C"WITH "ODYSSEY CAPITAL MANAGEMENT (LC"

<u>OR</u>

Π

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

			BUR L
		· · ·	APR 10
· · · · · · · · · · · · · · · · · · ·			THIS
<u>DR</u>			2:30
The electronic transmission of the record was defective.	/	1	

Signature of Authorized Representative

2015

Date

Filing Fee: Certified Copy: \$25.00 \$30.00 (optional)