L16000018255

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SEGRETARY OF STATE
FALLAHASSEE FLORIDA

J. HARRIE

COVER LETTER

	Registration Sec Division of Cor			* /
SUBJEC		Real Estate Services LLC		
SOBJEC	· 1 ·	Name of Lin	nited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		Geoffrey S Owen		
		eli nimenana en manua na en en en en en	Name of Person	
		ODN Realty LLC		
			Firm/Company	
		8409 Eagles Loop Cir	·	
			Address	
		Windermere, FL 34786		
			City/State and Zip Code	- '
		gojoflusa@aol.com		
		E-mail address: ((to be used for future annual report notif	ication)
For furthe	er information co	ncerning this matter, please c	all:	
Geoff Ow	ven		at () 6126139 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0°	0 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

Affordable Real Estate Services 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 $\frac{01/26/2016}{1}$ and assigned Florida document number L16000018255 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ODN Realty LLC The new name must be distinguishable and contain 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) 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

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

_, Florida

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

١..

<u>Title</u>	Name	Address	Type of Action
			Remove
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Effective date, if other to (If an effective date is listed, the Note: If the date inserted document's effective date the record specifies a) The 90th day after	e date must be specifi in this block does r on the Department delayed effectiv	ic and cannot be prior to not meet the applica tof State's records. we date, but not	ble statutory filing req	uirements, this da	ng.) Pursuant to 6 ate will not be li	sted as th
Inly 3		2017				
Dated		,	_·			
					TALL	
15/6	Signature	of a member or author	rized representative of a r	member	SE PRE JUL	Ti
Geoffrey S. Ov				member	SEPRETARY TALLAHASSE	
Geoffrey S. Ov			rized representative of a r	member	SEPRETARY OF STALL AHASSEE FL	

Filing Fee: \$25.00