

L160000068046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 MAY 16 P 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 17 2016

SWANSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ODyssey Bar Grill 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:

Reginald Previlus and Keisha Matthews
Name of Person

ODyssey Bar Grill LLC
Firm/Company

5863 Arlington Road
Address

Jacksonville, Florida 32211
City/State and Zip Code

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

For further information concerning this matter, please call:

Reginald Previlus at 904 894-5485
Name of Person Area Code Daytime Telephone Number
Keisha Matthews (904) 600-6367

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 Bar and Grill 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 _____ and assigned Florida document number L16000068046.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ODyssey Bar and Grill 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)

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2018 MAY 16 P 12:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Reginald Previjus
Keisha Matthews

New Registered Office Address:

5863 Arlington Road

Enter Florida street address

Jacksonville

City

Florida

32211

Zip Code

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.

Keisha Matthews (add)
If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
MGR	Keisha Matthews	5863 Arlington Rd Jacksonville, FL 32211	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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CLERK OF STATE
JANUARY 16 2019
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: 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.

Dated

May 6, 2016
Huska Stephens
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KEISHA MATTHEWS

Typed or printed name of signee

2015 May 16 P 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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