# 117000019749

(Re	questor's Name)	
· (Ad	dress)	
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· (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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D. SCOTT FEB 3 2017

# **COVER LETTER**

SUBJECT: ODD	BIRDS SAU	ANNAH, LLC		
		nited Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Thomas	Adam Name of Person	<del></del>	
	Adam L	aw Group, PA Firm/Company		
	301 WB	14 St #1430 Address	<del></del>	
	Jackson	City/State and Zip Code	765	
	tadam@	adam law group	· Com	
For further information conc		•	,	7 平
Thomas Name of Pe	Adam	at (904) 329 Area Code Daytime	7249 Telephone Number	BESSEL BE
Enclosed is a check for the f	ollowing amount:			2: 26 STATE LONIDA
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified Centified Centifie	of Status &

## MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ODDBIRDS S	AUANNAHILLC
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $1/25/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	FILE 2
New Registered Office Address:	Enter Florida street address
	2
<u></u>	, Florida ZirrCode

### 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

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Cesar Diaz	118 Segovia Rd	Add
		118 Segovia Rd St. Augustine, FC 30	Remove
<b>X 44 0 0</b>		1	Change
AMBR	Odd Birds Group, LLC	12 Aven: da Menerde	-
		St. Augustine, FE321	()94 □ Remove
			Change
			Remove
		<del> </del>	Change
···			□ Add
		<u> </u>	Remove
			Ghange 7
			Add 2: 26 Remove
			Change
			Add
	•		□ Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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		Signature of	f a member of	authorized rep	resentative of a	member		-
	4	• N			/	1		

Page 3 of 3

Filing Fee: \$25.00