

L17000019749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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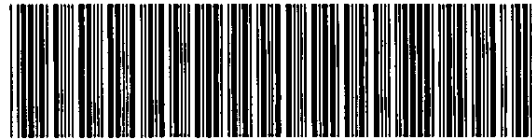
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

FEB 3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ODDBIRDS SAVANNAH, 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:

Thomas Adam
Name of Person
Adam Law Group, PA
Firm/Company
301 W Bay St #1430
Address
Jacksonville, FL 32202
City/State and Zip Code
tadam@adamlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Adam at (904) 329-7249
Name of Person 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

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ODDBIRDS SAVANNAH, LLC

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cesar Diaz	118 Segovia Rd	<input type="checkbox"/> Add
		St. Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OddBirds Group, LLC	12 Avenida Menendez	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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 11/30, 2017

Signature of a member or authorized representative of a member

Thomas Adam, Esq. - Attorney for Member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA