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COVER LETTER

Divi	sion of Corpo	orations				
SUBJECT:	1065 S FLAC	GLER AV LLC				
SCD, ECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	lence concerning this matter	to the following:			
		STEVEN BLUMAN				
Name of Person						
ODS INVESTMENTS LLC						
Firm/Company						
		PO Box 1138				
			Address			
Loxahatchee, FL, 33470						
			City/State and Zip Code	···		
		jgomez@jorgegomczequine				
		·	to be used for future annual report notific	ation)		
For further in	formation con	cerning this matter, please ca	all:			
Paula Golder	ı		561 644-1449			
Name of Person at () Area Code Daytime Telephone Number						
Enclosed is a	check for the	following amount:				
□ \$25.00 Fi	iling 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:

TO:

Registration Section

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

1065 S FLAGLER AV 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 04/11/2017 and assigned Florida document number L17000081212 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

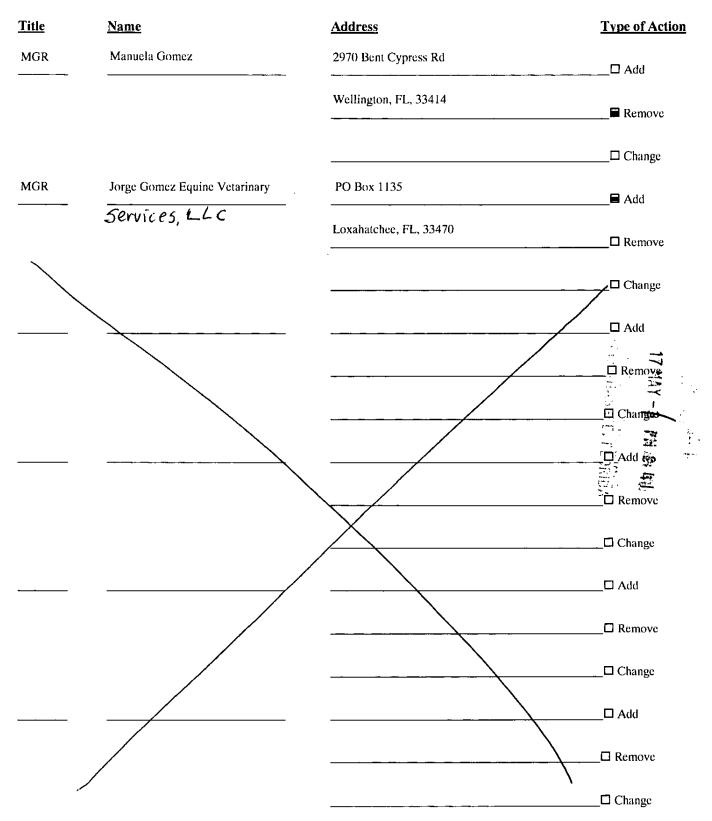
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

'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



N/A				
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fective date, if other than the date of filing:	the applicable statutory	or more than 90 days after filing requirements, this	filing.) Pursuan	t to 605.02 be listed a
e record specifies a delayed effective date The 90th day after the record is filed.	, but not an effecti	ve time, at 12:01 a	a.m. on the	earlier
ated 04/27/2017,	·			
Signature of a memb	ner or authorized represent	Zung ₁		
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STEVEN BLUMAN				

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Filing Fee: \$25.00