

L17000151008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

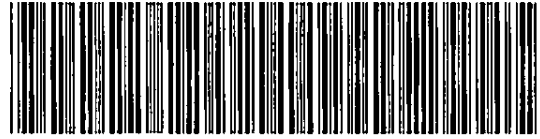
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odyssey X
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:

Uallidaris, Christian
Name of Person

Odyssey X
Firm/Company

1152 Pembroke Pines NW 170 Ave
Address

Pembroke Pines FL 33028
City/State and Zip Code

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

For further information concerning this matter, please call:

Taylor Russell at (305) 304-0975
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$15.00 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 X 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 7/13/2017 and assigned Florida document number L17000151008.

This amendment is submitted to amend the following:

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

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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DISPATCH CENTER

B. If amending the registered agent and/or registered office address on our records, enter the name of the old registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 all 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

If a pending 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>
MGR	Richard Blazer	2453 Bloody Grove Circle	<input type="checkbox"/> Add
		Delray Beach FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Casal	302 W 42 nd St	<input type="checkbox"/> Add
		Hickah FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Taylor H Russell	135 NW 20 th St	<input type="checkbox"/> Add
		Boca Raton FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christina Uallidarea	1152 NW 130 th Ave	<input type="checkbox"/> Add
		Pembroke Pines FL 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 Remove
 Change
 Add

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

We want to change titles from "CEO, CTO etc." to correct titles for an LLC.

17 SEP -5 PM 1:24
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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 (1)(f)

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 August 30th 2017 12:38 pm

Signature of a member or authorized representative of a member

Taylor H Russell
Typed or printed name of signer