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COVER LETTER

	legistration Secti Division of Corpo				
SUBJECT	r. Odysse	SYX, LILC			
SOBJECT	. <u></u>	Name of Lim	ited Liability Company		
The enclos	sed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please retu	ım all correspond	ence concerning this matter	to the following:		
		Richard Bl	azer		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Richard Bl. Odysseyx	Firm/Company		
			Firm/Company		
		1152 NW 13	ion Ave		
		: • •	Address		
		Pembroke Pin Contact Dody E-mail address: (1	es/Florida 3	33028	
			City/State and Zip Code		
	-	Contact Dody	rsseyxcorp.co	9m	
				port notification)	
		cerning this matter, please ca	all:		
Tay	ler Russ	ell	at (365) 30	94-0925	
	Name of Po	rson	Area Code	Daytime Telephone N	umber
Enclosed i	s a check for the f	ollowing amount:			
⊠. \$ 25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ce: sed) Cei	00 Filing Fee, rtificate of Status & rtified Copy litional 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Odyssey X, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on July 13, 2017	and assigned
Florida document number <u>L17999151998</u>	ny were med on way a 1-37	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	P-0
(Principal office address MUST BE A STREET ADDRESS)		——————————————————————————————————————
)	: 	
	.:	
Enter new mailing address, if applicable:		**************************************
(Mailing address MAY BE A POST OFFICE BOX)		•
		ורפ
B. If amending the registered algent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	office address on our records, <u>enter there:</u>	ne name of the nev
	Enter Florida street address	,
	, Florida	
	City	Zip Coxle
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am fan is provided for in Chapter 605, F.S. Or, if	niliar with and this document is
If Ch	hanging Registered Agent, Signature of New Regis	tered 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 = Au	thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
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Filing Fee: \$25.00