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COVER LETTER

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DETENDED AND AND A	Michael Ev	•		· .
SUBJECT:			ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	_	
		Deborah Higgins		
			Name of Person	·
		Higins Law LLC		
			Firm/Company	
		205 Lagoon Rd		
			Address	
		Winter Haven, FL 33884		
			City/State and Zip Code	
		debhiggins33880@gmail.co		<u></u>
		E-mail address: (to be used for future annual report r	otification)
For further i	nformation c	oncerning this matter, please ca	all:	
Deborah Hi	ggins		863 224-4830 at ()	
	Name o	f Person	Area Code Day	ime Telephone Number
Enclosed is	a check for th	ne 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)
Ro Di P.	O. Box 632	Section Torporations 17	Street Address: Registration : Division of C The Centre o	Section Corporations f Tallahassee
Ta	Illahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Final

Michael Everett LLC	2022 APR 13 PM 1:01
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company) TALLSHE, FL
The Articles of Organization for this Limited Liability Con	npany were filed on 8.16.17 and assigned
Florida document number 1.17000175636	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Odin Michael, LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. uncharged
(Principal office address MUST BE A STREET ADDRE.	
	office address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	uncharged
New Registered Office Address:	Enter Florida street address
	, Florida
	., 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 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

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>	Address	Type of Action
MGR	Deborah Higgins	205 Lagoon Rd	□Add
			□Remove
			☐ Change
MBR	Kenneth Samuel Zapen	<u>-</u>	= Add
			□Remove
			□Change
MBR	Samuel James Zapen	-	■Add
			□ Remove
			□Change
MBR	Demikesa LLC	<u> </u>	■Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Chamas

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reffective date is listed, the date mus te: If the date inserted in this blo		(optional) iling or more than 90 days after filing.) Pursuant to 605.03 ory filing requirements, this date will not be listed
nument's effective date on the Di		
cord specifies a delayed effective	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after t
ecord specifies a delayed effectives filed.	e date, but not an effective time, at 12:6	01 a.m. on the earlier of: (b) The 90th day after t
ecord specifies a delayed effective is filed. April 1		