417000197970

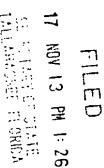
(1	Requestor's Name)	_
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
((Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

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October 30, 2017

DENNIS ODIWO 10182 ALLEGRO DRIVE BOCA RATON, FL 33428 US

SUBJECT: ODYCI CONSULTING LLC

Ref. Number: L17000197970

We have received your document for ODYCI CONSULTING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 217A00021906

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COVER LETTER

eun met		alting LLC		
SUBJECT	:	Name of Limit	ted Liability Company	
The enclose	ed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please retur	rn all correspon	dence concerning this matter t	o the following:	
		Name of Person Area Code Daytime Telephone Number heck for the following amount:		
			Name of Person	
		Odyci Consulting LLC		
			Firm/Company	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Dennis Odiwo Name of Person Odyci Consulting LLC Firm/Company 10182 Allegro Drive Address Boca Raton, FL 33-428 City/State and Zip Code dennis@odyciconsulting.com E-mail address: (to be used for future annual report notification) 1 concerning this matter, please call: of Person at (954		
			Address	
		Name of Limited Liability Company Ales of Amendment and fee(s) are submitted for filing. Perespondence concerning this matter to the following: Dennis Odiwo		
			•	
		- -		
			•	ication)
For further	information co	ncerning this matter, please ca	ll:	
Dennis Od	iwo		954 461-4945	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(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 $\frac{09/25/2017}{1}$ and assigned Florida document number L17000197970 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) 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: Idanesi A Odiwo (Dennis) Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Odyci Consulting LLC

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mr	Idanesi A Odiwo (Dennis)		 Add
			☐ Remove
			☐ Change
Mr Dennis Odiv	Dennis Odiwo		□ Add
			■ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
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			Remove
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or tee: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605 ing requirements, this date will not be liste	5.0207 ed as
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er of
11/7/2017		
$\frac{111+12017}{3}$		

Page 3 of 3

Filing Fee: \$25.00