

49000032363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

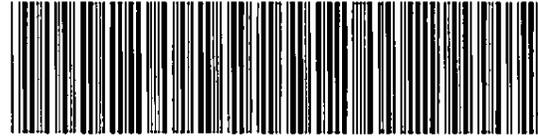
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200320777432

11/26/18--01016--027 \*\*50.00

FILED  
18 NOV 26 AM 8:20  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY

DEC - 4 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ODIN HOLDINGS, LLC  
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:

CHRISTOPHER CAMPIONE

Name of Person

CAMPIONE LAW, P.A.

Firm/Company

3200 EMERSON STREET

Address

JACKSONVILLE, FLORIDA 32207

City/State and Zip Code

CC@CAMPIONELAWPA.COM

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

For further information concerning this matter, please call:

Christopher Campione                      904                      990-8400  
Name of Person                                      at (                      )                                      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- \$25.00 Filing Fee                       \$30.00 Filing Fee &  
Certificate of Status                       \$55.00 Filing Fee &  
Certified Copy                                       \$60.00 Filing Fee,  
(additional copy is enclosed)                                      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**

FILED  
18 NOV 26 AM 8:20  
TALLAHASSEE, FLORIDA

ODIN HOLDINGS, 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 FEBRUARY 5, 2018 and assigned Florida document number L18000032363.

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:**

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 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>	<u>Address</u>	<u>Type of Action</u>
AR	JESSE S. MCINTYRE	105 SOLONA ROAD, SUITE B PONTE VEDRA, FL 32082	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AR	CHRISTOPHER CAMPIONE	3200 EMERSON STREET JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

NOV 26 AM 8:20  
 FILED  
 18

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

Multiple horizontal lines for amending information.

18 NOV 26 AM 8:20  
FILED  
TALLAHASSEE COUNTY FLORIDA

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 (3)(b)

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 NOVEMBER 12, 2018

Signature of a member or authorized representative of a member

CHRISTOPHER INDAHL  
Typed or printed name of signee