## LISCCCCC45315

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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R. WHITE MAR 2 5 2029

## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
FATALIS			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVEN BLUMAN		
		Name of Person	
	ODS Investments LLC		
	·	Firm/Company	
	PO Box 1138		
		Address	
	Loxahatchee FL 33470		
	-	City/State and Zip Code	<del></del>
	paulagolden2010@gmail.ec		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
Paula Golden		561 644-1449	
Name o	rf Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres		<u>Street Address:</u> Registration Sc	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27 ·	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

were filed on 02/20/2018 and assigned  lity company here:	
lity company here:	
lity company here:	
ity Company," the designation "LLC" or the abbreviation "L.L.C."	
N/A	
N/A	
N/A	
N/A	
N/A	
ddress on our records, <u>enter the name of the new register</u>	
Enter Florida street address	
, Florida N/A Zip Code	
City Zip Code	

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
AMBR	Han Ferder Stables Inc	PO BOX 211957	□Add
		Royal Palm Beach FL 33421	Remove
			□Change
			Z □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗀 Change
			DAdd
			□Remove
			Change
			□Add
/			□Remove
			\ □ Change

N/A	
7	
Effective date, if other than the date of filin fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not d is filed.	at an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
March 05	2020
Dated	- alana
	- Delling
Signature of a	member or authorized representative of a member
Steven Bluman	

Filing Fee: \$25.00