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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

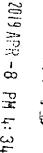
Office Use Only



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COVER LETTER

Division of C				
ODI Gro	oup LLC			
	Name of Lir	nited Liability Company		
	of Amendment and fee(s) are sult pondence concerning this matter			
The second secon	Amir Moshe	to the following.		
	ODI Group LLC	Name of Person		
	Firm/Company 629A N Keene RD			
	Clearwater FL 33755	Address		
	2409310@gmail.com	City/State and Zip Code		
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual report notical):	lication)	
Amir Moshe	γ	727 2767447 at ()		
Name	of Person	Area Code Daytime	2 Telephone Number	
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 (additional copy is enclosed)	□ \$60.00 Filing Fee, 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

FieD ability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/01/2018}{1}$ Florida document number __L18000136858 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

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.

City

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	Quentin Kun Ting Chen	629A N Keene Rd C Per mater FL 3375	<u>≶</u> ■ Add
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riote.	tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 5 2019
	2.N/
	Signature of a member or authorized representative of a member
	and the state of a member of a member

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Filing Fee: \$25.00