L18000159579

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ODIN CON Name of Limi	SULTING SERV ted Liability Company	IICES LLC
	Amendment and fee(s) are subtendence concerning this matter t		
riease return an correspon	ndence concerning this matter t	to the following.	
	KERK	2/ MCDOUGAC Name of Person	
	DIN CO	NSUCTING GK Firm/Company	POUP LLC
	210 S. K	NGS AVE, S	• =
		City/State and Zip Code	
	E-mail address: (t	6 to 30 P 9 Mail obe used for future artural report notif	fication)
For further information co	oncerning this matter, please ca	ill:	\$0
KERRI Name of	MCDOUGALD Person	at (\$13) 400 Area Code Daytime	67-1153 e Telephone Number
Enclosed is a check for th	e 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**

(Name of the Limited Liability Comp (A Florida Limited	DNSULTING SERVICES L pany as it now appears on our records.) d Liability Company)	۷
The Articles of Organization for this Limited Liability Compan Florida document number <u>L180001595</u> 79	by were filed on $\frac{\omega/\sqrt{29/8}}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		
	<u> </u>	
Enter new mailing address, if applicable:	. <u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the neere</u> :	<u>w</u>
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 Agen	ıt:	

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 = M $AMBR = A$	anager uthorized Member		
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E. Effective date.	if other than the	date of filing	!:		(or	otional)	
E. Effective date, (If an effective date Note: If the date						fter tiling.) Pursuant to this date will not be	
	tive date on the D			is statuted y time	.B reduirements,		
f the record spe b) The 90th da			ate, but not	an effective f	time, at 12:0	1 a.m. on the ea	arlier c
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Dated	7	<u> </u>	2018				
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Filing Fee: \$25.00