Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077 Phone : (954)773-7286

Fax Number : (954)526-8825

\*\*Enter the email address for this business entity to be used for future  $\stackrel{\sim}{\square}$  annual report mailings. Enter only one email address please.\*\*

Email /	Address:							
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## LLC REGISTERED AGENT CHANGE ODIN US LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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SUBJECT:	ODIN U	IS LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VERONICA MENDOZA		,
		Name of Person	<del></del> _
	N/A		
		Firm/Company	
	250 NE 25th STREET UN	NIT 2510	
		Address	
	MIAMI, FL 33137		
		City/State and Zip Code	
	VERONICAMENDOZA1	<del>-</del>	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please of	all:	
VERONICA MENDO	ZA	347 469 9571	
Name o	f Person	at (	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fce & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Boy 631	) [	The Centre of	I AHHUBSSEE

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2,0000289786 3
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	ODIN US LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Li Florida document number L18000288629	ability Company	were filed on $\frac{12/17}{}$	2018	and assigned
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liat	oility company here:		
N/A				_
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desig	mation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	TADDRESS)			<del></del>
Enter new mailing address, if applicable:		N/A	-	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			- <del>1</del>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, <u>enter the name</u>	÷: 2
Name of New Registered Agent:	Name of New Registered Agent: VERONICA MENDOZA			<del></del>
New Registered Office Address:	250 NE 25th	STREET UNIT 2510	stréet address	
	1 27 . 3 27	Enter r'ioriad		177
	MIAMI	City -	, Florida	Zip Code
		Uy		- •

## 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 H200002897863

Title	Name	Address	Type of Action
N/A	N/A	N/A	
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			□Change
			DAdd
			□Remove
			□Add
			□Remove
			□Change
	<del></del>		C)Add
			□Remove
			Change
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			Change

	7/A ————————————————————————————————————					
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	re date, if other than the case is listed, the date is listed, the date in this	nust be specific and a block does not ma	cannot be prior to d eet the applicable	ate of filing or more the statutory filing req	(optional an 90 days after filin uirements, this dat	() g.) Pursuant to 605.020 e will not be listed a
n effec ste: T	nt's effective date on the					
n effec ote: I cume: ecord	nt's effective date on the specifies a delayed effec	tive date, but not a	an effective time,	at 12;01 a.m. on th	e earlier of: (b) T	The 90th day after the
n effecter. It cumes ecord is file	nt's effective date on the specifies a delayed effec	rtive date, but not :	2020	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
m effec ote: I ocume:	nt's effective date on the specifies a delayed effec d.		2020 tru) i-P	at 12:01 a.m. on th		The 90th day after the

Filing Fee: \$25.00