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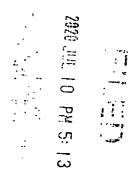
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
S⊌вјест:	Odessa Trice 1	Enterprise LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Od	essa Trice	
		Name of Person	
	Anne of Limited Liability Company  Anne of Person  Alexa Trice  Name of Person  Alexa Trice  Name of Person  Address  Anne Of Plank Cir  Address  Andress  Anne Of Limited Liability Company  Address  Anne Of Person  Address  Anne Cir  Address  Area Code  Dayrime Telephone Number  Following amount:  Sollowing a		
		Address	
	1. Dint man	n, FL 33598	
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	orollins e be	ellsouth net	<del></del>
For further information (			ilication)
•			
Name o	7 Pice of Person	at ( <u>407</u> ) <u>539 - 9</u> Area Code Daytin	4143 ne Telephone Number
Enclosed is a check for t	he following amount:		
X S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre			
Registration Division of 0		~	
P.O. Box 63.	27		•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODESSA TRIC	e Enterprise L	LC . E	
( <u>Name of the Limited I</u> (A l	iability Company as it now appears lorida Limited Liability Company)	on our records.)	0
ODESS A TRICE (Name of the Limited L.) (A)  The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	5/26/2020 an	d assigned
Florida document number <u>L2 0000/166</u>	006.		9.1 
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words	4		
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable	>•	N/A	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A	DDRESS)	·	<u>-</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		cords, <u>enter the name of th</u>	e new registered
agent and/of the new registered vince address in	<u></u> .		
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florie	la street address	
_		, Florida	
	City	Zip C	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 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>	Name	Address	Type of Action
MGR AMBR	OdessA Trice	16748 Moonee Plant Cir	□∧dd
		WIMHUMA, FL 33598	□Remove
		Please Chang From CEO to Managing member	<b>X</b> Change
			□Remove
			🗆 Change
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(If an effective date is lis Note: If the date ins	ther than the date of sted, the date must be speci serted in this block does e date on the Departmen	fic and cannot be prior not meet the applic	to date of filing or more the able statutory filing req	(optional) an 90 days after filing.) P uirements, this date w	Pursuant to 605,0207 (3) ill not be listed as the
he record specifies a d ord is filed.	elayed effective date, b	ut not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The s	90th day after the
Dated	/	2020	·		
	(Les Signature	se Suice e of a member or auth	orized representative of a r	nember	
<del></del>	Odes	SA TRICE			
		Typed or print	ed name of signee		