

L20000318552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

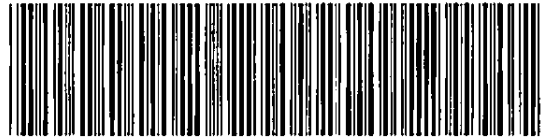
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/13/24--01021--006 **35.00

2024/02/13 15:12:07

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3-28-24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CABINROOM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen Maritza Jimeno

Name of Person

Oddity

Firm/Company

412 SW 88 PL

Address

Miami, FL 33174

City/State and Zip Code

weareoddityfilm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Maritza Jimeno

305 6087753
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CABINROOM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

11/12/07

The Articles of Organization for this Limited Liability Company were filed on 10/08/2020 and assigned
Florida document number L20000318552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Oddity LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

03-18-2024

Carmen Maritza Jimeno
Signature of a member or authorized representative of a member

Carmen Maritza Jimeno

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2024

CARMEN MARITZA JIMENO
412 SW 88 PL
MIAMI, FL 33174

SUBJECT: CABINROOM LLC
Ref. Number: L20000318552

We have received your document for CABINROOM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

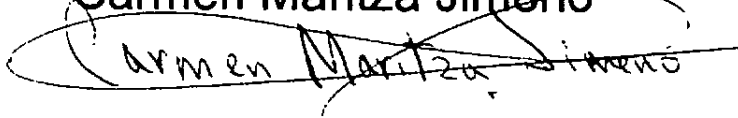
Letter Number: 124A00004609

Hi Anissa,

I sent a \$35 check in my previous incorrect amendment. I am requesting a \$10 refund as the filing fee from this correct form is \$25. Thank you for your help and understanding!

Best,

Carmen Maritza Jimeno

A handwritten signature in black ink, which appears to read "Carmen Maritza Jimeno", is written over the printed name. The signature is enclosed within a hand-drawn oval.

3/15/24