L21000037901

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TO: Registration Se Division of Cor		· ·	
SUBJECT: Odyssey III	lumination LLC		
SUBJECT: Odyssey in	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dennys Herman		
		Name of Person	
	Odyssey Illumination LLC		
		Firm/Company	
	2801 Picadilly Cir		
		Address	
	Kissimmee, FL 34747		
	denherma@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Dennys Herman		at (864) 316-7183	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

TO:

ARTICLES OF ORGANIZATION OF

Odyssey Illumination LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000037901	were filed on 01/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi Odyssey Outpost LLC	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	previation "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 a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
		70 10
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		7
	Enter Florida street address	\$7 \$7.
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Change

Note:	(optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	and 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 filed.
	02/09/2021
	l,
Dated	
Dated	and
Dated	Signature of a member or authorized representative of a member

. . . .