## K21000301072

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## **COVER LETTER**

	of Corporations	
SUBJECT: ODC	C, LLC	
SUBJECT:	Name o	f Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) ar	e submitted for filing.
Please return all co	orrespondence concerning this m	natter to the following:
	COREY LILBURN	
	<del>-</del>	Name of Person
	ODC, LLC	
	·	Firm/Company
	15831 TRACKSIDE	DR
		Address
	ODESSA, FL 33556	
	<del>-</del>	City/State and Zip Code
	COREY.LILBURN@	
		ress: (to be used for future annual report notification)
For further inform	ation concerning this matter, ple	ase call:
COREY LILBURN		727 204-9848
}	Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
□ <b>\$</b> 25.00 Filing	Fee S30.00 Filing Fee & Certificate of Stati	
<u>Mailing /</u> Registra		Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODC, LLC			<u> </u>
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited L. Florida document number	iability Company w	ere filed on JUNE 30, 2021	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liabili	ty company here:	
ODC INVESTMENTS LLC			
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	SAME AS CURRENT	
(Principal office address MUST BE A STREE		<del>_</del>	
Enter new mailing address, if applicable:		SAME AS CURRENT	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre			-
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	-	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	,	-
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree per and complete p sistered agent as pr registered office a	erformance of my duties, and Lo ovided for in Chapter 605, F.S.	m familiar with and Or, if this document is
	If Changi	ng 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:

AMBR = A	tanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□Add
			□Remove
			☐ Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		
			□Remove
			□Change
			□Add

\_\_\_\_\_\_ □Remove

\_\_\_\_\_\_ 🖂 🗀 Add

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Effective date	if other than the date of filing.
(If an effective date Note: If the dat document's effe	if other than the date of filing:
the record specifie ford is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUS	2021
	M'Z.
	Signature of a member or authorized representative of a member
COR	EY LILBURN
	Typed or printed name of signee

Filing Fee: \$25.00