hZ1000352789

(Requestor	's Name)
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PICK-UP	WAIT MAIL
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(Business	Entity Name)
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21 DEC 15 PH 3: 3

T. MATTHEWS JAN 10 2022

COVER LETTER

TO: Registration S Division of Co		,	
Optimal O	dds LLC		
SUBJECT:		nited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brett Scharmett		
		Name of Person	
	Optimal Odds LLC		
		Firm/Company	
	802 W Georgia St.		
		Address	
	Tallahassee FL, 32304		
	brettscharmett@gmail.com	City/State and Zip Code	
		(to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Brett Scharmett		603 554-2341	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for t	the 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 Addre Registration		Street Address: Registration Sc	ction
Division of C		Division of Cor	
P.O. Box 63	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 DEC 15 PH 3: 31

Optimal Odds LLC

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

· ·	• • •
The Articles of Organization for this Limited Liability Company	were filed on 08/05/2021 and assigned
Florida document number L21000352789	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "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 agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code

New Registered Agent's Signature, it 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>	<u>Name</u>	Address	Type of Action
MGR	WILSON WEALTH LLC	2700 W PENSACOLA ST 322A	🗀 Add
		TALLAHASSEE, FL 32304	⊠ Remove
			□ Change
			ÜAdd
			□Remove
			□Change
			🗀 Add
			□Remove
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			CIAdd
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			□ Remove
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	Signature	of a member or authorize	ed representative of a memi	30T	_
Brett Scharmet	1)		•	 -	

Filing Fee: \$25.00