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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ODR COMPANY LLC

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COVER LETTER

TO:	Registration Se Division of Co			
SUBJEC	ODR COM	TPANY LLC		
SCBJEC	-!i <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		DENIS RYABTSEV		
			Name of Person	
		ODR COMPANY LLC		
			Firm/Company	
		17100 N BAY RD 1815		
			Address	
		SUNNY ISLES BEACH	33160 FL	
			City/State and Zip Code	
			Name of Limited Liability Company Identity Company Identity Company Identity Company Identity Concerning this matter to the following: ENIS RYABTSEV Name of Person DR COMPANY LLC Firm/Company IOO N BAY RD 1815 Address UNNY ISLES BEACH 33160 FL City/State and Zip Code recompanyusa@gmail.com E-mail address: (to be used for future annual report notification) Ining this matter, please call: at (786 / Area Code) Daytime Telephone Number Doving amount: \$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section	
			·	notification)
For furth	er information c	oncerning this matter, please c	all:	
DEMS F	RYABTSEV			2
	Name o	les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: DENIS RYABTSEV Name of Person ODR COMPANY LLC Firm*Company 17100 N BAY RD 1815 Address SUNNY ISLES BEACH 33160 FL City/State and Zip Code odroompanyus@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: SV ane of Person Area Code Daytime Telephone Number for the following amount: for the		
Enclosed	is a check for th	ne following amount:		
₩ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
]]]	P.O. Box 632	Section orporations 7	Registration Division of C The Centre o	Section Corporations f Tallahassee troe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODR COMPANY LLC

(A Florida Dillited El	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L22000211750	were filed on 05/04/2022	ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LUC" or the	ne abbreviati	оп "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)			
Mailing address MAY BE A POST OFFICE BOX)	dress on our records enter the r	. ∠ □	i i i i i i i i i i i i i i i i i i i
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office ac	dress on our records, enter the n	ame of th	e new regi
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office ac	dress on our records, enter the n	ame of th	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office ac	dress on our records, enter the n	ame of the	e new regi
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office actigent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the n	ame of the	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:		ame of th	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the n Enter Florida street address Florida	2. 2. 2. 2. 2. 3.	

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

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
AMBR	RYABTSEV, DENIS	17100 N BAY RD 1815	≡ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
			DAdd
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	our does not meet the a	addicante statuto	it's filling requirements	optional) after filing.) Pursuant to i, this date will not be	605,020 listed as
record specifies a delayed effective is filed.	e date, but not an effect	tive time, at 12:0	l a.m. on the earlier o	of: (b) The 90th day	after the
06/29 ated	2022				
 	Denis , Signature of a member or	Ryabtsen			

Filing Fee: \$25.00