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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
DOLLARSSEE, FLORDA

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## **CORPORATE** ACCESS,

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALKIN
	PICK UP:	JENA 10/17
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
1.	ODC 1107-22 LLC (CORPORATE NAME AND DOCUMEN	√Τ #)
2.	(CORPORATE NAME AND DOCUMEN	NT #)
3.	(CORPORATE NAME AND DOCUMEN	<u>VT #)</u>
<b>4</b> .	(CORPORATE NAME AND DOCUMEN	V1' #)
5.	(CORPORATE NAME AND DOCUMEN	NT #)
6.	(CORPORATE NAME AND DOCUMEN	NT #)
SPECIA	L INSTRUCTIONS:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODC 1107-22 LLC

ed Liability Compa (A Florida Limited	i <u>ny as it now appears (</u> Liability Company)	on our records.)	
iability Company	were filed on 05/2	0/2022	and assigned
owing:			
f the limited liah	ility company here	<u>:</u> :	
ords "Limited Liab	lity Company," the desi	gnation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>_</u>			_
	N/A		
BOX)			<u>~:</u>
<u></u>		•	
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	address on our rec	ords, <u>enter the</u>	name of the new register
ss here:			•
N/A			• • •
			, , ,
		_ <del>_</del>	') 
Enter Florida street address			
<del></del>		, Florid	
	·		Zip Code
<u>Registered Agent</u>			
	iability Company owing:  f the limited liah rords "Limited Liabi rable:  TADDRESS)  BOX)  registered office ss here:  N/A	iability Company were filed on	The limited liability company here:  Fords "Limited Liability Company," the designation "LLC" or totale:  N/A  N/A  N/A  N/A  BOX)  Registered office address on our records, enter the sess here:  N/A  Enter Florida street address  Florid:  City

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	<u>Address</u>	Type of Action
MGR	Thelma C. Slezynger de Bromberg	21205 NE 37 AVE UNIT 2610	<b>=</b> Add
		AVENTURA, FL 33180	□Remove
			□Change
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			□Remove
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ffect	ve date, if other than the date of filing: (optional)
	ective 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 t
ocum	ent's effective date on the Department of State's records.
	d 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
l is fi	ed.
	October 16 2024
ated	· - 0 ()
	1 January
	Signature of a member or authorized representative of a member
	()
	Herman Bromberg, Manager