

W220000291204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

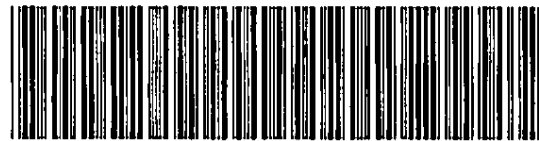
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400391968254

08/11/22--01012--005 **25.00

SECRETARY
TALLAHASSEE, FL

2022 AUG 11 PM 12:41

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ODT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John W Smith III
Name of Person

ODT LLC
Firm/Company

1261 McNeil Woods Pl
Address

Altamonte Springs, FL 32714
City/State and Zip Code

thejohn.smith3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W Smith III at (407) 489-4265
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2022 AUG 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FL
2020

The Articles of Organization for this Limited Liability Company were filed on June 28, 2022 and assigned Florida document number L22000291204.

A. If amending name, enter the new name of the limited liability company here:

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)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Cin.

Zip Code

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

2022 AUG 11 PM 12:44
SECOND PART OF STAFF
TALLAHASSEE, FL

FILED
2022 AUG 11 PM 12:41
SECONDARY OFFICE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 4, 2022

Signature of a member or authorized representative of a member

John W Smith III

Typed or printed name of signee