## L22000291204

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	ODT LL	C	•
30bite1.	Name of Limite	ed Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
		John W Smith	
		ODT LLC	
		Firm/Company	
	120	Address Woods	۹۱
	Altam	ante Springs, FL City/State and Zip Code	32714
		hn. Smith 3@ gmail be used for future annual report notifica	
For further information con-	cerning this matter, please cal	II:	
Name of P	Smith III erson	at (407) 489 - 4 Area Code Daytime T	2 65 elephone 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 Se	ction	Street Address: Registration Secti	on
Division of Cor		Division of Corpo	orations
P.O. Box 6327		The Centre of Tal	ianassee

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

OD:	T LLC.	2022 AUG 1 1 PM 12: 41
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears (ited Liability Company)	on our records.) TALL ARASSEE SAIL
The Articles of Organization for this Limited Liability Comp Florida document number L22000 291204	any were filed on	une 28, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	~	
The new name must be distinguishable and contain the words "Limited I	lability Company, the des	A
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our rec	cords, enter the name of the new registere
Name of New Registered Agent:		<u>-//</u>
New Registered Office Address:	Enter Florig	la street address
		, Florida
	City	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

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	John W. Smith III	1261 McNeil Woods Pl	<b>X</b> Add
		1261 McNeil Woods Pl Altamonte Springs, FL 3271	4 □Remove
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			Remove
			Change
			□Add
			□ Remove
			□ Change
	<del> </del>		🗆 Add
			Remove
			Change

f amending any other information, enter change(s) here: (Attach additional sheets, if no	
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	2022 A
	ASS
	***
Effective date, if other than the date of filing:	ptional) After filing.) Pursuant to 605.0207 this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.	(b) The 90th day after the
Dated August 4 2022	
Alla W. Stylles	
Signature of a member or authorized representative of a member	
, A	