L23000019162

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TÄLLAHÄSSEE FLORIDA

COVER LETTER

TO: Registration Se Division of Cor				
	ITIES MARKETPLACE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter	-		
	Matthew D. Gray			
		Name of Person		
	THE ODDITIES MARKE	ETPLACE LLC		
	••	Firm/Company		
	5000 NE 16TH ST			
		Address		
	OCALA, FL 34470			
		City/State and Zip Code		
	matt@djmattgray.com	(A. 1. A	· //	
For further information c	oncerning this matter, please c	(to be used for future annual report not all:	incation	
Matthew D. Gray		352 875-4224		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Cor	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT -4 PM 2:51

THE ODDITIES MARKETPLACE LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	r recorde ALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability C	ompany were filed on Ot-19-202	and assigned	
Florida document number L23000019162	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
		 	
Enter new mailing address, if applicable:		 .	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records	, enter the name of the new registere	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my du gent as provided for in Chapte ed office address. I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document is	

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	Matthew David Gray	3504 SE 13th PL, Ocala,FL, 34471	□Add
			■Remove
			□Change
MGR	Ryan David Congleton	8935 SE 156th ST, Summerfield, FL, 34491	🗏 Add
			□Remove
			□ Change
			□Add
		- ,	□ Remove
			□Change
			🗆 Add
			□ Remove
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			□Change

Page 2 of 3

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cunnot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Octure. July July July Signature of a member or authorized representative of a member		
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	Dated	October 2Nd 2024
Signature of a member or authorized representative of a member		1011. Man

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Filing Fee: \$25.00