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(Requestor's Name)
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TALLARYSIES, FL

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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
OD MIAI	MI LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are suf	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Alejandro Martinez		
		Name of Person	
	OD MIAMI LLC		
		Firm/Company	
	200 172nd St Suite 415		1
		Address	57.
	Sunny Isles Beach Florida	33160	高
		City/State and Zip Code	20
	Malymay1@gmail.com	to be used for future annual report noti	fication)
For further information	concerning this matter, please c		2023 MAR 20 AM 11: 59 SECOND SEED FL FIGURE SEED FL
Alejandro Martinez		954 540-3782	[7]
Name	of Person	at () Area Code Daytime	e 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OD MIAMI LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on on ited Liability Company)	our records.)		
, , , , , , , , , , , , , , , , , , ,				
The Articles of Organization for this Limited Liability Com-	pany were filed on $\frac{02/28/2}{}$	3	and ass	igned
Florida document number L23000105714				
This amendment is submitted to amend the following:				
Florida document number L23000105714 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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)				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the ab	breviation "L.	IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES			1023 SEC	
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		<u> </u>	· _	ļ
Enter new mailing address if annlicables			, 21 O	
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Stating address MAT BE A POST OFFICE BOA		<u> </u>	 -	· Carr
			11 C	
P. If amonding the registered areast and/or are interest at	747	F	• •	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nice address on our record	as, <u>enter the nam</u>	<u>e of the ney</u>	<u>v register</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida sti	reet 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
AMBR	Alejandro Cuello		□Add
		7260 SW 19th St Miami Florida 33155	≣Remove
			🗀 Change
AMBR	Peter Dragon	200 172nd St Suite 209 Sunny Isles Beach Florid	la 331) <u>≡</u> Add
			□Remove
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cord specifies a delayed et s filed.	fective date, but not	an effective tin	ne, at 12:01 a.m	, on the earlier of	(b) The 90	Oth day at	tter the
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Filing Fee: \$25.00