

L23 0000 105 714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

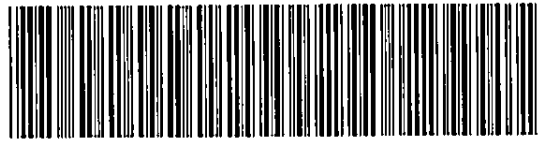
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300404081783

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAR 20 AM 11:59

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OD MIAMI 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:

Alejandro Martinez

\_\_\_\_\_  
Name of Person

OD MIAMI LLC

\_\_\_\_\_  
Firm/Company

200 172nd St Suite 415

\_\_\_\_\_  
Address

Sunny Isles Beach Florida 33160

\_\_\_\_\_  
City/State and Zip Code

Malymay1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Martinez

954

540-3782

at ( )

\_\_\_\_\_  
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  
2023 MAR 20 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alejandro Cuello		<input type="checkbox"/> Add
		7260 SW 19th St Miami Florida 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter Dragon	200 172nd St Suite 209 Sunny Isles Beach Florida 33111	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECURED  
TALLAHASSEE FL  
2026 MAR 25 AM 11:59  
STATE

2023 MAR 20 AM 11:59  
SECRET  
TALLAHASSEE, FL

2023 MAR 20 AM 11:59  
SECRET STATE  
TALLAHASSEE, FL

(If an effective 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 (3)(b)

If the record 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 record is filed.

10/2023

---

Signature of a member or authorized representative of a member

*Alejandro Martinez*

Typed or printed name of signee

**Filing Fee: \$25.00**