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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	ODALY.	S REALTOR	2 LLC
	Rect: Name of Limited Liability Company  selosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    DALYS MARTOR CRUZ   Name of Person   DALYS REALTOR CRUZ   Name of Person   ODALYS REALTOR CRUZ   Name of Person   ODALYS REALTOR CRUZ   Name of Person   ODALYS REALTOR CRUZ   Name of Person   ODALYSREALT ORFORLIFE CHARL CANTER CRUZ   ODALYSREALT ORFORLIFE CRUZ   ODALYSREAL		
The enclosed Article	s of Amendment and fee(s) are submi	tted for filing.	
Please return all corr	espondence concerning this matter to	the following:	
	<u>ODALY</u>	S MARTIN Name of Person	EZ CRUZ
	ODAL	YS REALTO	er LLC
	<u>330 20</u>	74 ST SE	2024 FEB SECRET TALL
	Naples,	FL 3 4/1/5 City/State and Zip Code	26 M ARRY OF
	ODALYS REALT E-mail address: (to	ORFORLIFE @ 6 be used for future annual report notif	MAIL COMPUS 98
	on concerning this matter, please call	:	
ODALYS Na	MARTINEZ CRUZ me of Person	at (239 29) Area Code Daytime	5-1915 Telephone Number
Enclosed is a check t	or the following amount:		
\$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Registrati Division o P.O. Box	on Section of Corporations	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODALY S	REALTOR L	LC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000545</u> \$1		/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	à
The new name must be distinguishable and contain the words "Limited Liab	$\frac{2}{2}$ $\frac{CRVZ}{CRVZ}$ $\frac{L}{L}$	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 20
(Principal office address MUST BE A STREET ADDRESS)		ACR THE THE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		26 M 9: 08  ARY OF STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
If amending name, enter the new name of the limited liability company here:  ODALYS MART ONE CRUZULC  new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  er new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		

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
			□ Add
			Remove
			Change
			Remove
			Change
			SHOCRE IN CHEMOVE
			SHCRETARY OH STATE TALLAHASSEE. FL
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f an effect <b>Note:</b> If	e date, if other than tive date is listed, the date the date inserted in the ot's effective date on the	e must be specific a is block does not	and cannot be t meet the a	ipplicable stat	f filing or more	than 90 days a	otional) der filing.) Pu this date wil	rsuant to 605 I not be list	5,0207 ( ed as t
record s	specifies a delayed effe 1.	ective date, but n	iot an effec	tive time, at 1	2:01 a,m. on	the earlier of:	(b) The 9	Oth day afte	r the
	EE Ring	JARY, 2	22	<u>,90</u> 2	4~1	)			
	FEDRU	, ,			1 K)(1)	la)			
	FEBRI	Signature of	a member o	r authorized rep	presentative of	a member		<del></del>	

Filing Fee: \$25.00