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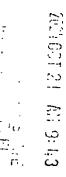
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

TO:

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|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------|--|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Division of Corporations Coveted LLC | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Brett Schneggenburger | | | |
| | | Name of Person | | |
| | Coveted LLC Name of Limited Liability Company | | | |
| | 409 Bayview Dr | | _ | |
| | | Address | - | |
| | Belleair, FL 33756 | | | |
| | | City/State and Zip Code | | |
| | | | 35+ · · · · · · · · | |
| For further information of | Red LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Brett Schneggenburger Name of Person Firm/Company 409 Bayview Dr Address Belleair, FL 33756 City/State and Zip Code bschneggs@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: reger ame of Person For the following amount: for the following amount: for the following amount: for Certificate of Status Certificate Copy (additional copy is enclosed) ddress: ion Section of Corporations Street Address: Registration Section of Corporations 15 Corporations The Centre of Tallahassee | | | |
| Brett Schneggenburger | | at () | | |
| Name o | of Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy | |
| | | | ection | |
| | | - | | |
| | | The Centre of | Tallahassee | |
| Tallahassee, | FL 32314 | 2415 N. Monro | oc Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Coveted LLC | 202 | 402721 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | ny as it now appears on our reco | 14 037 21 511 9: 43 | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000298958</u> . | were filed on 07/03/2024 | and assigned | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | | |
| Odessa.com LLC | | | |
| he new name must be distinguishable and contain the words "Limited Liabi | ity Company," the designation "LI | .C" or the abbreviation "L.L.C." | |
| nter new principal offices address, if applicable: | 140 Island Way | | |
| Principal office address MUST BE A STREET ADDRESS) | PMB 292 | | |
| | Clearwater, FL 33767 | | |
| nter new mailing address, if applicable: | 140 Island Way | | |
| Mailing address MAY BE A POST OFFICE BOX) | PMB 292 | | |
| | Clearwater, FL 33767 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, <u>ente</u> | er the name of the new regist | |
| New Registered Office Address. | Enter Florida street addr | ess | |
| | . 1 | 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 | |
|--------|------------|--------|
| AMRR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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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 cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. 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 rd is filed. Dated Oct 17 Signature of a member or authorized representative of a member Brett Schneggenburger | | | | | | | _ |
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