P14000052937

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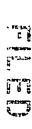


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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ODIN GROUP INC. DOCUMENT NUMBER: P14000052937 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Contact Person LegalZoom.com, Inc. Firm/ Company 101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203 City/ State and Zip Code kristen.marie.crawford@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne Moseley at (Note: 273-0888 ext. 9724 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filling Fee & **■\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 SEP 19 PM 3: 19

DDIN GROUP INC.	SEC. L. C. C.
(Name of Corporation as current	ly filed with the Florida Dept. of State ALLAHASSEE, FL
P14000052937	
(Document Number of	of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
Enter new principal office address, if applicable:	18 Flamingo Dr.
Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, Florida 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 Flamingo Dr.
(planing dualess <u>plat be a root of fice bos</u>)	Santa Rosa Beach, Florida 32459
). If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	Michael Crawford	18 Flamingo Dr.
Add			Santa Rosa Beach, Florida 32459
Remove			
2) X Change	ST	Kristen Marie Crawford	18 Flamingo Dr.
Add			Santa Rosa Beach, Florida 32459
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional	dding additional Arti sheets, if necessary).	(Be specific)			
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an amendment	provides for an exch:	ange, reclassificat	ion, or cancellat	ion of issued sha	es,
<u>rovisions for in</u>	iplementing the amen	<u>rdment if not con</u> t	ained in the am	endment itself:	
(if not applie	able, indicate N/A)				
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	08/18/2022			
The date of each amendment(s) ad date this document was signed.	option:		. if othe	r than the
Effective date if applicable:				
Effective date it applicable.	, (no more than 90 days after amendment file date)			-
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this department of State's records.	ite will n	ot be lis	ted as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shareholder acti	on and sl	harehold	ėr
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)		
must be separately provided for a	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	en SECTALL	2027 SEP 19	
by	(voting group)	AHA	9	1,70,500(27) (4) (6)
	(voting group)	585 5	PM	
Dated 09/13	1/22 m Court and	in an	ვ. 20	Section 1
Signature / // (By a di	ector, president or other officer – if directors or officers have not been		=	
	, by an incorporator – if in the hands of a receiver, trustee, or other count of fiduciary by that fiduciary)	rt		
_	Kristen Marie Crawford	·		_
	(Typed or printed name of person signing)			
	Secretary			
-	(Title of person signing)			•