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PM 2: 45

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	ODESSA	<u> REAL</u>	<u> </u>	RO INC
DOCUMENT NUMBER:	P 1900	005002	/-	
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence of	concerning this matter	to the following	ng:	
	Jose L	ALOOKA.	RAN	
•	***	Name of Conta	ict Person	
	LAZAAR	ASSOC	ATES	ZZC
	<u>.</u>	Firm/ Com	pany	
	1338 4	TCHER	Loor	DRIVE
-				
	BRAN	DON 1	<u>-7</u>	33511-9370
		City/ State and	Zip Code	
E-mal	Alpokara Vaddress: (to be used	ml@y for future annu	LENIO DE LA COMO DE LA	n-nel- otification)
	•		•	,
For further information concerning	g this matter, please o	call:		
JUSE L ALDO	KARAN CF) at (813) <u>57/-3358</u> & Daytime Telephone Number
Name of Contact F	erson		Area Code	& Daytime Telephone Number
Enclosed is a check for the follow	ing amount made pay	able to the Flor	rida Depar	tment of State:
	.75 Filing Fee & [□\$43.75 Fifing Certified Cop (Additional co enclosed)	у	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre	ss 🗸		Street A	ddress
Amendment Sec				nent Section
Division of Cor	porations	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

CHK # 410 DATED 04 Aug 2020

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	THE PROPERTY OF THE PROPERTY O	State)
	0050024	<u></u> ,
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name 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	The new he abbreviation "Corp" must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	7D20 MUG
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11. PH 2: 115
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		of the
Name of New Registered Agent	<i>N/A</i>	
(Florida	street address)	
New Registered Office Address:	, Flo	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		the position.
Signature of New	Registered Agent, if changing	

Check if applicable

☐ 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)

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>	<u>Name</u>	Address
1) Change	_১_	BINU CHERITAN	22852 SONOMALN.
_ X _ Add			<u>LUTZ, FL-33549</u>
Remove			
2) Change	D_	LALICHAN GEORGE	,
X _ Add			ODESSA, FL - 33556
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

tach additional sheets	i, if necessary).	(Be specific)			
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an amendment prov	ides for an exchai	nge, reclassificat	ion, or cancellatio	on of issued share	es.
rovisions for implen	enting the amend	iment if not con	ained in the ame	ndment itself;	
(if not applicable,	indicate N/A)				
	·				
			1/2		
			41,		
		,	/		

The date of each amendment(s) adoption: date this document was signed.	3) St JULY 2020	, if other than th
Effective date if applicable:	157 August 2129 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements. f State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amer approval.	ndment(s)
· · · · · · · · · · · · · · · · · · ·	ne shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by		
(vo	ting group)	
Signature	Sident or other officer / if directors or officers have no	ot been
selected, by an Mc	corporator – if in the hands of a receiver, trustee, or ot y by that fiduciary)	
	BIJU VARGHESE (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	