L09000 11774

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COVER LETTER

TO: Registration Sec Division of Corp		•	3 3 7	
SUBJECT: OTE,	LLC			
	Name of Lim	ited Liability Company		
	•			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Michael Mer	ndez		
		Name of Person		
	Galego Law	Group		
		Firm/Company		
	232 Andalus	sia Ave., S	Suite 20	2
		Address		
	Coral Gable	s, FL 331	34	
		City/State and Zip C		
	NGALEGO@GAL			
	E-mail address: (to be used for future and	nual report notifica	ation)
For further information co	ncerning this matter, please ca	all:		
Michael Mei	ndez	_{at} (305)	444-90	00
Name of	Person	Area Code	Daytime T	elephone Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y	□ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears on our rec iability Company)	ords.)		_	
The Articles of Organization for this Limited Lia Florida document number L09000113266	bility Company	were filed on 11/24/200	09	and	d assig	ned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liabi	lity company here:				
The new name must be distinguishable and end with the we	ords "Limited Liab	ility Company," the designation '	'LLC" or the	abbreviati	on "L.L	.C."
Enter new principal offices address, if applical	ble:	232 Andalusia Av	enue, S	uite 2	02	
(Principal office address MUST BE A STREET	ADDRESS)	Coral Gables, FL	33134			
Enter new mailing address, if applicable:		232 Andalusia Av	-	uite 20	02	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Coral Gables, FL	33134			
B. If amending the registered agent and/or registered agent and/or the new registered office agent and agent and agent and agent and agent and agent a	ce address here		rds, <u>enter</u>	the na	me of	the new
New Registered Office Address:	232 Andal	usia Avenue, Suite	202	<u>:</u> .:.	5	
	Coral Gab	Enter Florida street add	tress Florida <u>3</u>	် 3134	<u>.</u> .	•
		City		Zip C	ode	
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this city.	and complete ered agent as p gistered office hange.	performance of my duties, provided for in Ghaptur 66	and I am F.S. Or that the li	familian , if this d mited li	with documability	and

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u>			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
	<u></u>		□ Add
			Remove
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			· · · · · · · · · · · · · · · · · · ·
<u>.</u>			∴ Remove
			Add
			□ Remove

ective date	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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ective date te this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)

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