

L13000006870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
1/A

D. SCOTT

AUG 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2017

REID MANCHESTER
802 FLORIDA BLVD
ALTAMONTE SPRINGS, FL 32701

SUBJECT: CYD PROPERTY LLC
Ref. Number: L13000006870

We have received your document for CYD PROPERTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ You failed to make the correction(s) requested in our previous letter.
- ✓ The designation of the registered agent must be at a Florida street address.
- ✓ Page 2 of 3 is for a limited liability limited partnership.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call: (850) 245-6051.

Dionne M. Pijoux
Regulatory Specialist

Letter Number: 017A00016649

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYD Property LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reid Manchester
Name of Person
CYD Property LLC
Firm/Company
802 Florida Blvd
Address
Altamonte Springs, FL 32701
City/State and Zip Code
cydproperty@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REID MANCHESTER at (407) 925 9909
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

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TALLAHASSEE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CYD PROPERTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/26/2017 and assigned Florida document number L13000006870.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OTTO FUNDING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

~~43021 BROADWAY~~

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

THOMAS BLAKE, CPA, LLC

New Registered Office Address:

668 NORTH ORLANDO AVE, SUITE 1023

Enter Florida street address

MAITLAND

City

Florida

32751

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.

Thomas Blake CPA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|-------------------|---|
| AMBR | ELIAS SAMAN | 10712 BRICE CT | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32817 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | FERNANDO POU | 4543 SEAFARER WAY | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32817 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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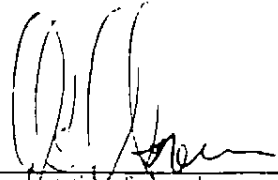
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated JUNE 27TH 2017



Signature of a member or authorized representative of a member

MICHAEL REID MANCHESTER

Typed or printed name of signee