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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		i	
SUBJE	CT:	O TO GO REAC Name of Lim	ited Liability Company	<del></del> -
The enc	losed Articles of A	imendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		London i	Alliams Name of Person	
			Firm/Company	
		_100 S_B	elober Unit Scos	3
		Clearmente	City/State and Zip Code  Lamber Com obe used for future annual report notific	<del></del>
		London E-mail address: (1	Lame com	cation)
For furth	er information co	ncerning this matter, please ca		
	ondon W Name of I	: Uicaris Person	at ( <u>937-)</u> <u>\$29-</u> Area Code Daytime	Telephone Number
Enclosed	I is a check for the	following amount:		
\$25.0	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTO 60 Bentals LIC

( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number		Tand assigned
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 3375	<del>***</del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	100 S. Belcher Rd. Unit 5003 Clearwater, FL 3375	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		he name of the new
* Sam 2 Name of New Registered Agent: Lond  * Change New Registered Office Address: 100 5	on Williams  Belcher Rol. j. Unit 51d  Emer Florida street address	<u>0</u> 3
Clear	City Florida	33758 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP_	McIntyre, Vernon	431 Bonnie Blva	Add
		Palm Harthor, FL 34684	Remove
			Change
AP	McIntyre, Cartney E.	3404 Brigadon Dr.	□ Adđ
		Clearainter, FL 33759	₩ Remove
			Change
AP	Williams Dometrius	5601 Satinfood Way	Add
		Temple Terrore, FL 33635	Remove
			Change
			□ Add
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(If an effecti Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.
Dated	July 6 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00