# LOH00005443Z

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EXAMINER



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SECRETARY OF STATE ALLIAHASSEF, FLORIO

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Harold W. Otto 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:	
Havold Otto Name of Person	
Havold W. Otto LLC Firm/Company	
7810 SE RIVER Lane	
Stuart, FL 34997 City/State and Zip Code	
Hayoldo+to 1 Quanco Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Harold OHO  Name of Person  at 773, 301-1908  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$25.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & \$\frac{1}{2}\$\$55.00 Filing Fee & \$\frac{1}{2}\$\$\$\$(additional copy is enclosed)  \$\$\$ Certificate of Status & \$\frac{1}{2}\$\$\$\$\$\$\$\$\$\$(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

Harold W. Otto LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
of Organization for this Limited Liability Company were filed on 7.21.04	and a

The Articles of Organization for this Limited Liability Company	were filed on 7.21.	OH and assigned
Florida document number <u>L 040005443</u>	2	
This amendment is submitted to amend the following:		MAY-6 CRETAR AHASS
A. If amending name, enter the new name of the limited liab	+ LLC	AN OF ST
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the de	signation "LL of the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	7810 SE R Stuart, fl	10ER 1ane 34997
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7810 SE Stuart, F	RIVER 1ans 1 34997
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ı street address
		Florida
	City	Zin 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>le</u>	<u>Name</u>	Address	Type of Action
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If amend		ge(s) here: (Attach additional sheets, if necessary.)	
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ed <u>O</u>	pril 19, 20	<u> </u>	

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Filing Fee: \$25.00