

LO5000042280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

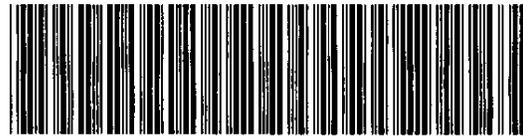
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100253133121

11/04/13--01055--009 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV -4 PM 1:36

B. BOSTICK

NOV - 5 2013

CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OTS, 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:

Lou Exline

Name of Person

OTS, LLC

Firm/Company

6645 S. Tropical Trail

Address

City/State and Zip Code

Merritt Island, FL 32952

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Exline

Name of Person

at (**904 382-0911**)

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

RECEIVED
 TALLAHASSEE, FL 32301
 2013 NOV -4 PM 1:36

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

OTS, 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 4/29/2005 and assigned Florida document number L05000042280.

This amendment is submitted to amend the following:

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

cloudteam, LLC

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

Enter new principal offices address, if applicable:

4005 Capron Rd

(Principal office address MUST BE A STREET ADDRESS)

Titusville, FL 32780

Enter new mailing address, if applicable:

4005 Capron Rd

(Mailing address MAY BE A POST OFFICE BOX)

Titusville, FL 32780

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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 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 Changing Registered Agent, Signature of New Registered Agent

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:

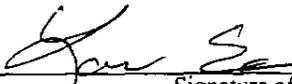
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2013 NOV 14 PM 1:36
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

Lon Exline

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV -4 PM 1:36
FALLAHOUSE, FL 32004