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(Re	equestor's Name)	_
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corp			
SUBJECT:	MAMBOPA	D LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	PET	IR L SMITT	t
		Name of Person	
		Firm/Company	
	333 LAS	64S WAY #	2201
	FORT LAUDE	RDALE, FL 3	33301
	2 PETES E-mail address: (1	EDALE FL = City/State and Zip Code MITH @ GMA to be used for future annual report notific	TL, COM
For further information co	ncerning this matter, please ca	·	,
PETER L.	SMITH	a, 954, 294.	-5067
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

t.

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

MAMBOI	PAD LLC		
(Name of the Limited (A	Liability Company as it now appears on o	our records.)	
The Articles of Organization for this Limited Liabi Florida document number 40 70000	* * *	13/2007	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	OTEPADS, LLC	tion "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicabl			1
(Principal office address MUST BE A STREET A			(C) 19
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		55 55 50 50 50 50 50 50 50 50 50 50 50 5	FILED PR25 MI
		RID A	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
-	Cin	Florida	
	City	Z	їр Сіхде

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
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