## 108000109430

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2022 HAR 28 AM 10: 53
SECRETARY OF STATE

A. BUTLER APR 1 1 2022

## **COVER LETTER**

TO: Registration Section

Division of Corporations

OTTO IN ON	ESTMENT TRADERS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GEORGE G DANIELS		
		Name of Person	
	TAFT INVESTMENT TR	ADERS, LLC	
		Firm/Company	<del></del>
	526 THORPE ROAD		
		Address	
	ORLANDO, FL 32824		
	<u> </u>	City/State and Zip Code	<del></del>
	josed@dmctools.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	ull:	
JOSE T DAVIS		407 855-6161 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sed Division of Coron The Centre of Table 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TAFT INVESTMENT TRADERS, LLC

(Name of the Limited Liability Company as it now appears on our records) ARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEE, FL

company has been notified in writing of this change.

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The Articles of Organization for this Limited		and assigned
Florida document number L08000109430		
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability compan	v here:
The new name must be distinguishable and contain the	words 'Limited Liability Company," t	he designation "Li.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ir records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	JOSE T DAVIS	
New Registered Office Address:	526 THORPE ROAD	
	Enter	Florida street address
	ORLANDO	, Florida 32824
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete performance	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Address	Type of Action
MGR	GEEORGE G DANIELS	526 THORPE ROAD ORLANDO, FL 32824	≣Add
			□Remove
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f an eff Note:	date, if other than the date of filing:
e recor	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ARCH 25 2022 / / / / / / / / / / / / / / / / /
	\U\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Signature of a member or authorized tenthacitative of a member
	Signature of a member or authorized tepresentative of a member