

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000135525 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NIC1 LAW FIRM, P.L.

Account Number : I20110000008

Phone : (239)449-6150

Fax Number : (877)646-0560

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: jnici@nicilawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTT MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 1 1 2014

T. HAMPTON

6/10/2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H14000135525 3

Ott Management, LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L08000111993	were filed on December 8, 2008	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:		70 Za	20
		SECTION I	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:	356 Cromwell Court	_ 트립 포	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34108		•
		မှုက 👍	<u>!</u>
Enter new mailing address, if applicable:	356 Cromwell Court		
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34108		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the r	<u>iew</u>
New Registered Office Address:			
	Enter Florida street address		
tol	, Florida	Zin Code	
New Registered Agent's Signature, if changing Registered Agent;	•	гір Сіміе	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further ag performance of my duties, and I am j provided for in Chapter 605, F.S. Or, address, I hereby confirm that the lin	familiar with and if this document is nited liability	he
If Char	iging Registered Agent, Signature of New Re	<u>енисгео лиери</u>	

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR ≔	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas S. Contento	356 Cromwell Court	⊞ Add
		Naples, FL 34108	Remove
MGR	Simone P. Ott	160 Moorings Park Dr.	🗆 Add
		Apt. #J-206	■ Remove
		Naples, FL 34105	
			□ Add
			□ Remove
L-Vippen and a second of the			Add
			_ Remove
			2014 JUN 10 AM
			- 9: 29 - 32: - 29 - Add
			_□ Remove

2 () = = = (===========================	······································	
ling: o date of receipt or filed date and cannot ment of State)	(optional) ox be more than 90 days after	
2014		
_,		
	ling: o date of receipt or filed date and cannot ca	o date of receipt or filed date and cannot be more than 90 days after ment of State)

Manager
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00