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COVER LETTER

TO: Registration S Division of Co		
OT Proper	rty Investments Two, LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted Liability Company omitted for filing. to the following:
Please return all corresp	ondence concerning this matter	to the following:
	John P. Maas, Esq.	·
		Name of Person
	John P. Maas, P.A.	
	·	Firm/Company
	44 NE 16th Street	
		Address
	Flomestead, Florida 33032	2
	-	City/State and Zip Code
	E-mail address:	to be used for future annual report notification)
For further information	concerning this matter, please c	all:
John P. Maas, Esq.		305 247-7132 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OT Property Investments Two, LLC			₹ ·
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on o ability Company)	ur records.)	- H. 19
The Articles of Organization for this Limited Liability Company villorida document number L11000104765	were filed on <u>09/13/20</u>)	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LEC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ddress on our record	ls, enter the name of	the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	vet address	
		Florida	
	City	7.	tip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my d rovided for in Chapt	luties, and Lam fami er 605, F.S. Or, if th	liar with and its document is

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
AMBR	OCTAVIO TAYLOR	11250 SW 244 TERRACE	□Add
		HOMESTEAD, FLORIDA 33032	■Remove
			□Change
AMBR	OCTAVIO TAYLOR, TEE	11250 SW 244 TERRACE	
		HOMESTEAD, FLORIDA 33032	Remove
			□ Change
			□Add
			□Remove
			□Remove
		-	☐ Change
			□Add
			□Remove
			
			□Remove
			□Change

dated Februar	5, 2004.					
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	Signature	Sold A Market or an	thorized representa	tive of a member		-

Filing Fee: \$25.00