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(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

, Division of Corp	oorations		
OTTO TO CO	arket investmens, llc		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOHN E. EGUSQUIZA, E	sQ	
		Name of Person	
	LAW OFFICES OF JOHN	E. EGUSQUIZA, P.A.	
		Firm/Company	
	9960 SW 40 STREET		
		Address	
	MIAMI, FLORIDA 33165		
		City/State and Zip Code	
	JEELAW@LIVE.COM		
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ıll:	
JOHN E. EGUSQUIZA		305 223-8744 at ()	
Name of	Person	at () Area Code Daytime ^	Telephone Number
Enclosed is a check for th	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:

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000082756</u>	were filed on JUNE 22, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15846 SW 103 LN
(Principal office address MUST BE A STREET ADDRESS)	MIAMI,FLORIDA 33196
Enter new mailing address, if applicable:	15846 SW 103 LN MIAMI, FLORIDA 33196
(Mailing address MAY BE A POST OFFICE BOX)	TATION, I BONIDA 33170
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:	
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 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.

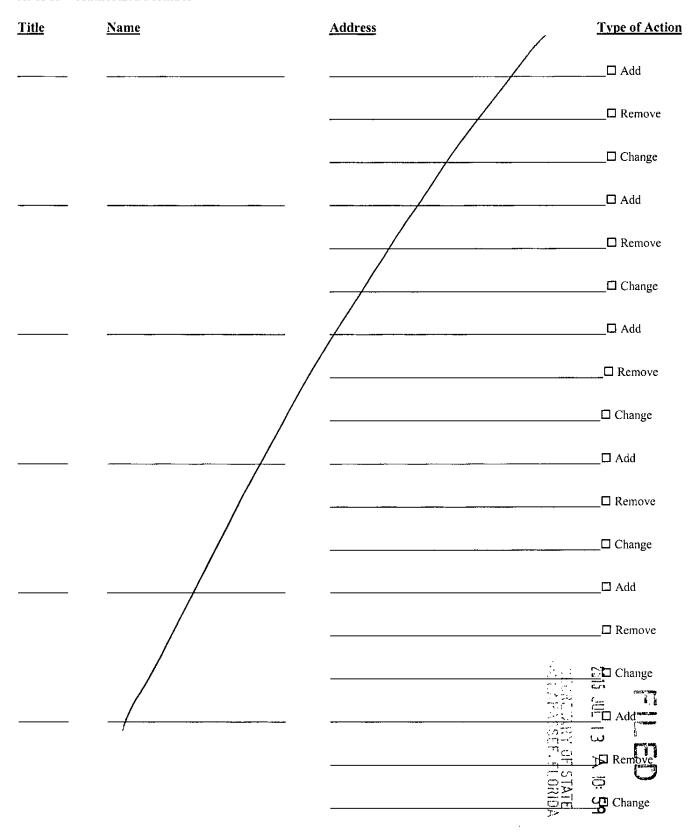
If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 3

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



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