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COVER LETTER

TO: Registration Section
Division of Corporations

SURVECT: Otto John LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett Meltzer

Name of Person

Firm/Company

6432 Hill O Sands Court

Address

Orlando, FL 32819

City/State and Zip Code

brett.meltzer@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett Meltzer

ູ,407、**953-627**1

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

Otto John LLC (Name of the Limited	Liability Company as it now a Florida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited Li Florida document number L13000130004	ability Company were filed o		and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability compar	<u>ıy here</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability (Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applic	able:		2013
(Principal office address MUST BE A STREET ADDRESS)		74 (1) 14 (1) 3 (1)	<u>8 Ti</u>
Enter new mailing address, if applicable:		tota (). I fine — (). [The control of the contro	
(Mailing address MAY BE A POST OFFICE	BOX)		No.
B. If amending the registered agent and/or the new registered of	fice address here:	s on our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	Brett Meltzer		
New Registered Office Address:	6432 Hill O Sands	Enter Florida street addre	25.5
	Orlando	, Florida <u>32</u> 8	319
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Type of Action
MGRM	Brett Meltzer	6432 Hill O Sands Cour	t 🗸 Add
		Orlando, FL 32819	Remove
			_
			_
			Remove
			- 23 _ DD Add 11
		\$ 1 % 6 % 6 % 6 % 6 %	Remove
		1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	22 22 23 Add
			Remove
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			Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary
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	17/1/12
	,
	(Charles
	Signature of a member or authorized representative of a member
	John Marotto
	Typed or printed name of signee
	Page 3 of 3

rage 3 of 3

Filing Fee: \$25.00

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