

L13000171140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

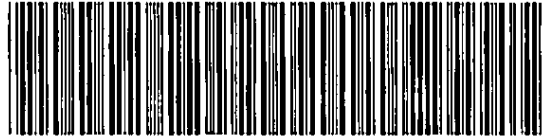
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SEP 17 2017
FALL ARK
2017 SEP - 7 PM 1:31

SEP 17 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OTTO STRADA, 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:

NELSON A. RODRIGUEZ-VARELA, ESQ.

Name of Person

NELSON A. RODRIGUEZ-VARELA, P.A.

Firm/Company

1190 S. LEJEUNE ROAD

Address

MIAMI, FL 33134

City/State and Zip Code

NELSON@NRVLAW.US

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

For further information concerning this matter, please call:

NELSON A. RODRIGUEZ-VARELA, ESQ.

305 666-1330
at ()

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 STRADA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2013 and assigned
Florida document number L13000171140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

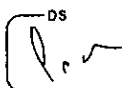
City

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

DS


DS


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

| Title | Name | Address | Type of Action |
|-------|--------------------------|----------------------------------|--|
| MGRM | BLUMOWNTIN GROUP LIMITED | c/o TRIDENT TRUST - WICKHAMS CAY | <input type="checkbox"/> Add |
| | | P.O. BOX 146 ROAD TOWN | <input checked="" type="checkbox"/> Remove |
| | | TORTOLA BVI | <input type="checkbox"/> Change |
| AMBR | OSCAR RONDON MENDEZ | P.O. BOX 565147 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33256-5147 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SOFIA FERNANDEZ MARTINEZ | P.O. BOX 565147 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33256-5147 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

2017 SEP 27 PM 4:3
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

DS
[Signature]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 31, 2017

- DocuSigned by:

DocuSigned by:
[Signature]
Signal
14E180C09358E

representative of a member

OSCAR RONDON MENDEZ AND SOFIA FERNANDEZ MARTINEZ

Typed or printed name of signee

SEP - 7 PM 4:31
FALL APPOINTMENT