14000109610

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AVERTARION OF COMPUTATION

OCT 24 2014

i CLINE



October 23, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9320203 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

OTN, LLC (FL) Amendment Florida

OTN, LLC (FL)
Obtain Document - Misc - Certified Copy of Amendment
Filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

2011 OCT 23 AM SH 28

Page 1 of 1

COVER LETTER

TO:	Registration Sec Division of Cor	ction porations						
CUB U	OTN, LLC							
SUBJE	CI:	Name of Limited Liability Company						
The enc	closed Articles of	Amendment and fee(s) are subn	nitted for tiling			H. 20		
		ndence concerning this matter to	-			SECKE TARY		
		Daniel Steigert				1117		
			Name of Person					
		IBCF, Inc						
			Firm/Company			THE STATE OF THE S		
		101 Main Street, Suit	e One					
			Address	·				
		Tappan, NY 10983						
		dsteigert@ibcf.com	City/State and Zip Cod	e				
For fur	ther information c	E-mail address: (to concerning this matter, please ca	be used for future annuall:	al report notific	cation)			
Danie	el Steigert	-	845 3	980900				
	Name c	f Person	Area Code	Daytime	Telephone Number			
Enclos	ed is a check for t	he following amount:						
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is c		□ \$60.00 Filin Certificate Certified C (additional co	of Status &		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	Registr Divisio Clifton 2661 E	ET/COURIE ration Section on of Corpora Building executive Cer assee, FL 323	itions iter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTN, 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 $\frac{7/11/2014}{}$ and assigned Florida document number _____L14000109610 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10235 West Sample Road Enter new principal offices address, if applicable: Suite 207A (Principal office address MUST BE A STREET ADDRESS) Coral Springs, FL 33065 10235 West Sample Road Enter new mailing address, if applicable: Suite 207A (Mailing address MAY BE A POST OFFICE BOX) Coral Spring, FL 33065 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

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	David Jelonek	10235 West Sample Road	■ Add
		Suite 207A	50 Remove
		Coral Springs, FL 33065	H OCT
MGRM	Deanna Jones	10235 West Sample Road	Remodition 23
-		Suite 207A	
		Coral Springs, FL 33065	Com Com
			Add
			C Remove
			Add
			Remove
			Add
			□ Remove
			
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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	一哥哥	23	E CONTRACTOR
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E. Effective date, if other than the date of filing:	PLONIO.	M 9 29	ga.
Dated October 22 2014	7.		
57 STA			
Signature of a member or authorized representative of a member			
Daniel Steigert- Authorized Person			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00