116000069007

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO:	Registration Sec Division of Corp				
CUDI	NR-OTO, L				
Subji	ECT:	Name of Limi	ited Liability Company		
The en	iclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		STEPHANIE ROC SIMON	1		
			Name of Person		
		NR-OTO, LLC			
			Firm/Company		
		2510 KIRBY CIR NE STE 104			
		· · · · · · · · · · · · · · · · · · ·	Address		
		PALM BAY, FL 32905			
			City/State and Zip Code		
		NROTO2016@GMAIL.CO	M to be used for future annual report notif	ication)	
For fu	rther information co	oncerning this matter, please ca		rearrow,	
STEP	HANIE ROC SIMO	N	954 288-4465		
	Name of	Person	at () Area Code Daytime	e Telephone Number	
Enclos	sed is a check for th	e following amount:			
≘ \$2	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

FILED

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SO THE STATE STATE

NR-OTO, LLC

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

	(A Tiorida isinined i	Ciabinity Company)	1902
The Articles of Organization for this Limited I Florida document number L16000069007	iability Company	were filed on 03/20/20	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2510 KIRBY CIR NE	STE 104
(Principal office address MUST BE A STREET ADDRESS)		PALM BAY, FL 3290	05
Fatan name mailing address if applicables		2510 KIRBY CIR NE STÉ 104	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PALM BAY, FL 32905	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the n
Name of New Registered Agent:	PRISCILLA PIERRE NUMA		
New Registered Office Address:	2510 KIRBY CIR NE STE 104		
New Registered Office Address.		Enter Florida str	eet address
	PALM BAY		, Florida 32905 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	ed agent and agr per and complete	- ree to act in this capac performance of my d	uties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 18 MAR 23 PM 1: 43 Type of Action

SECRETARY OF STATE

Add FILED MGR = Manager AMBR = Authorized Member Address Name Title ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutor	y filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlier o
he 90th day after the record is filed.	
ed	
Limist	\sim
Signature of a member or authorized represe	entative of a member
Signature of a member or authorized represe	

Page 3 of 3

Filing Fee: \$25.00