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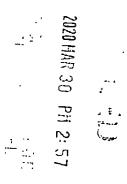
(Business Entity Name)					
(Document Number)					
Special Instructions to Filing Officer:					

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O SIMMONS APR 10 2020

COVER LETTER

TO:

Tallahassee, FL 32314

	istration Se ision of Cor						
	Other Street	t MGMT, LLC	;				
SUBJECT:	Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	·				
		Enon Winkler					
			Name of Person				
		Other Street MGMT LLC					
Firm/Company							
PO BOX 149231							
Address							
		Orlando FL 32814					
	City/State and Zip Code						
		enon.winkler@otherstreet.c	om to be used for future annual report no	Dr. J. J.			
For further in	iformation c	oncerning this matter, please co		incation)			
Enon Winkle	er		407 616-0250				
Name of Person			at () Area Code Daytir	ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling 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:		Street Address:					
Registration Section Division of Corporations			Registration So Division of Co				
P.O. Box 6327			The Centre of	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Casey Shipman	949 Red Dandy Drive	⊒ Add
		Orlando, FL 32818	□Remove
			☐ Change
			□Add
			□Remove
			Change HAR
			Remove 57 □ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 02/04/2020 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member Enon Winkler Typed or printed name of signee