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## **COVER LETTER**

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TO: , Registration Sec Division of Corp			
OTTO TE CO.	nterprises LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Dominic Lentini		
		Name of Person	
	RSP U.S.A. Inc.		
		Firm/Company	
	7456 16th Street E.		
		Address	<del> </del>
	Sarasota, Florida 34243		
		City/State and Zip Code	<del></del>
	dominicientini@agentmail		
	E-mail address: (t	to be used for future annual report notifi-	cation)
For further information co	oncerning this matter, please ca	ill:	
Phillip W. Gunthert (Lav	w Office of P.W. Gunthert, F	P.A.) 407 5805491	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

SLS U.S. Enterprises LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compare lorida document number L16000212538	y were filed on November 14, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L1.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		18 SEAN
		121 121
Enter new mailing address, if applicable:		<b>~</b> ≥ ≥ √ − ≥ ≥ − − ≥ − ≥ − − ≥ − − − ≥ − − − −
Mailing address MAY BE A POST OFFICE BOX)		<u>နှ</u>
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3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		the name of the
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address , Florida	Zip Code

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

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>	Address D	Type of Action
MGR	Steven L. Snyder	Address 7520 Preservation Drive Sarasota, FL. 34241	<b>⊟</b> Add
		ACTUATELLC, 7456	■ Remove
		Sarasota, FL. 34243	Change
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Effective date, if other than the date	of filing:	(optional)
If an effective date is listed, the date must be sp	of filing:ecific and cannot be prior to date of filing or me	ore than 90 days after filing.) Pursuant to 605
Note: If the date inserted in this block do document's effective date on the Departr	oes not meet the applicable statutory filing nent of State's records.	g requirements, this date will not be list
,		
ne record specifies a delayed effe	ctive date, but not an effective ti	ime at 12:01 a.m. on the earlie
The 90th day after the record i		mie, de 12.01 d.m. on ene cam
June 16 Dated	2018	
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11/11 Ur		
Y. W. Alamin	ture of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00