

L17000137248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

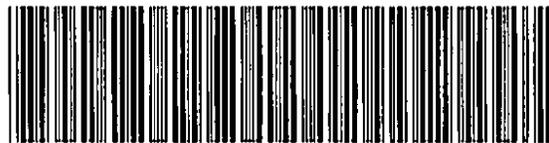
(Business Entity Name)

(Document Number)

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17 JUL 19 AM 8:38
FALL RIVER, MA

D. SCOTT
JUL 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OTG REALTY ADVISERS 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:

JAMES STRATTON
Name of Person

OTG REALTY ADVISERS LLC
Firm/Company

406 GLENBROOK DR.
Address

KENNEDALE TEXAS 76060
City/State and Zip Code

onthego2003@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES STRATTON at (817) 225-5838
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

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17 JUL 19 AM 8:38
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OTG REALTY ADVISERS 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 JUNE 23 2017 and assigned Florida document number L17000137248.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NOT 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:

NOT APPLICABLE

New Registered Office Address:

NOT APPLICABLE

Enter Florida street address

Florida

City

Zip Code

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JUL 13 11 08 38
MELBOURNE, FLORIDA

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

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>	<u>Type of Action</u>
MGR	JAMES STRATTON	406 GLENBROOK DR.	<input checked="" type="checkbox"/> Add
		KENNEDALE TEXAS 76060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REED COLEMAN	247 FAUBION DR.	<input checked="" type="checkbox"/> Add
		GEORGETOWN TEXAS 78628	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES STRATTON	406 GLENBROOK DR.	<input checked="" type="checkbox"/> Add
		KENNEDALE TEXAS 76060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NOT APPLICABLE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NOT APPLICABLE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NOT APPLICABLE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 Add
 Remove
 Change
 Add
 Remove
 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOT APPLICABLE

E. Effective date, if other than the date of filing: NOT APPLICABLE (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.

Dated JULY 14 2017



Signature of a member or authorized representative of a member

JAMES STRATTON

Typed or printed name of signee

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MAY 19 2017