

L17000196651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

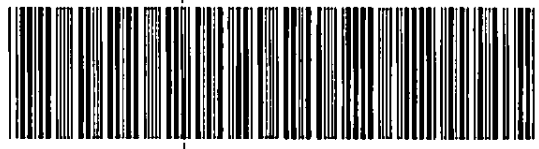
(Business Entity Name)

(Document Number)

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2017 OCT 10 P 3:03
TALLAHASSEE, FLORIDA

D. SCOTT
OCT 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: William Michael Smith and Shelby Lynn Smith 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:

Jonathan Otero
Name of Person

Firm/Company

1969 S. Alafaya Trail Suite 209
Address

Orlando, FL 32828
City/State and Zip Code

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

TALLAHASSEE, FL 32301
2011 OCT 10 PM 3:03
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For further information concerning this matter, please call:

Jonathan Otero at (407) 766-6615
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

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

William Michael Smith and Shelby Lynn Smith 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 9/21/17 and assigned Florida document number L17000196251.

This amendment is submitted to amend the following:

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

Otero IP Group LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1969 S. Alafaya Trail
Suite 209
Orlando, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1969 S. Alafaya Trail
Suite 209
Orlando, FL 32828

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:

1969 S. Alafaya Trail Suite 209
Enter Florida street address
Orlando, Florida 32828
City Zip 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 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>
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AMBR	William Michael Smith		<input type="checkbox"/> Add
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		215 Ashford Pl Kissimmee, FL 34752	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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AMBR	Shelby Lynn Smith		<input type="checkbox"/> Add
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		215 Ashford Pl Kissimmee, FL 34752	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 9/25/17 (optional) 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 9/25/, 2017.

Handwritten signature of Jonathan Otero.

Signature of a member or authorized representative of a member

Jonathan Otero

Typed or printed name of signee

Vertical stamp: 2017 OCT 10 3:03 PM