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COVER LETTER

TO: Registration Section

Division of Cor	porations		•
Otto Holdir	ng Group LLC	₽ ₹	
3000ECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Giovanni Pestano		
		Name of Person	
	BSSN Broward, Corp		
		Firm/Company	
	4614 N Hiatus Rd		
		Address	
	Sunrise, FL 33351		
		City/State and Zip Code	
	gio.pestano@bssnusa.com E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Giovanni Pestano		954 578-0016	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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 Addres	<u> </u>	<u>Street Address:</u>	
Registration (Section	Registration S Division of Co	
Division of C P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Otto Holding Group LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Ciability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L17000237796	were filed on 11/17/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Futer new principal offices address, if applicable:	306 International Parkway, Suite C		
The Articles of Organization for this Limited Liability Compant Florida document number L17000237796 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Agent as registered agent and as provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent as	Sunrise, FL 33325		
2 rincipal office and the most base of the most beautiful in the m		0.89	
Enter new mailing address if annlicables	306 International Parkway, Suite C		
	Sunrise, FL 33325		
(Staning dataress \$1701 DE ATOST OFFICE BOA)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	மு ne of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Progress.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am , provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

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		
AMRD =	Authorized	314	

Authorized Member Address Type of Action Title Name _____ □ Add _____ □Chānge ^p □ Change _____ □Change _____ □Remove □Remove

______ □Change

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	. 08/09/2021				
Tective date, if other than the an effective date is listed, the date mus	date of filing:	r to date of filing or m	ore than 90 days after	nal) Time) Pursuant to	605.0
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ocument's effective date on the Do	spartment of state's records	٠.			
record specifies a delayed effectiv	e date, but not an effective t	.ime, at 12:01 a.m. (on the earlier of: (b)	The 90th day a	ilter (
is filed.			` ,	•	
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August 09	_	·			
	Signature of Thember or auth				
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Filing Fee: \$25.00