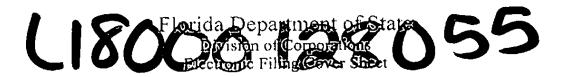
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR Account Number : 102233003533

Account Number : 102233003533 Phone : (614)227-1936 Fax Number : (239)593-2990

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: TWALTERS @ PORTER WRIGHT. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTO MANAGEMENT, LLC

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06/27/2018 15:25 #828 P.004/006

From:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OTO Management, LLC				
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our reconnect Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Car Florida document number <u>L18000128055</u>	mpany were filed on May 21, 2010	8	and ass	signed
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation	I,L.(" or the abbi-	eviation "L	T.C."
Enter new principal offices address, if applicable:		<u>.</u>	. 2	
(Principal office address MUST BE A STREET ADDRE		· <del>-</del>		8237 . 
		·	======================================	Estata
			—	1
Enter new mailing address, if applicable:		۰۰۰ پهمسم دمرسمست	)	
(Mailing address MAY BE A POST OFFICE BOX)		, 	<b>-</b>	
				<u> </u>
		•	<u> </u>	•
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our rece ss here:	ords, <u>enter t</u> l	<u>)៩ ពង្ហាមេ</u>	of the nev
Name of New Registered Agent:				
New Registered Office Address	Enter Flacida street w	hhess	<del></del>	·
		. Florida		
	Circ		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 603, 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

Title	Name	Address	Type of Action
MGR	Reginald George Garratt	849 Barcamil Way	
		Naples, Florida 34110	
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			Remove
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			Remove
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. If amending ar	y other information, enter change(s) here: (Attach additional sheets, if necessary.	)		
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	ay after the record is filed.			
Dated	2018	<b>2</b>	2015	
/ ( <u>)</u>	headen R. Walting Siphature of a member or authorized representative of a member	, — t · ts		د. اعتا دُ
	- <b>-</b>	P* :	1127	95000 95000 4
	Odore R. Walters, Esq.  Typed or printed name of signee	· · · ·		F 1
	Page 3 of 3	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PER	8:01	•
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