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## **COVER LETTER**

Divi	sion of Corpo	rations		
SUBJECT:	JERSEY INV	ESTMENTS, LLC		
John Com	•	Name of Limit	ed Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		YUKI MUTOH		
			Name of Person	
Firm/Company				
		17725 SW 86TH AVE		
			Address	
		PALMETTO BAY, FL 331	157	
		MEAHMUTOH@GMAIL.C	City/State and Zip Code OM	
		E-mail address: (to	be used for future annual report no	tification)
For further in	formation con-	cerning this matter, please cal	II:	
YUKI MUTC			305 989-5211 at () Area Code Daytir	
	Name of P	erson	Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling 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:

TO:

Registration Section

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

	JERSEY INVETMENTS, LI	_C
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number L18000141501		June 7, 2018 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
н	OTUM MANAGEMENT LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and	<del></del>	on our records, enter the name of the ne
egistered agent and/or the new registered of		on our records, enter the name or the ne
Name of New Registered Agent:	ҮИКІ МИТОН	
New Registered Office Address:	17725 SW 86TH AVE	
New registered Office Address.	Enter F	lorida street address
	PALMETTO BAY	, Florida <u>33157</u>
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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iote: If the	ate, if other than the date of date is listed, the date must be spe date inserted in this block do effective date on the Departm	es not meet the applic	able statutory filing	(option ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
	specifies a delayed effer day after the record is		t an effective ti	me, at 12:01 a.r	n. on the earlier o
ated	September 6	2018	سم		
_	V juntan	ure of a member or author	Orized representative	of a member	
	V		orized representative	or a member	
	YU	JKI MUTOH	ed name of signee		

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Filing Fee: \$25.00