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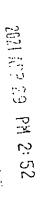
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(Document Number)
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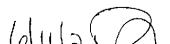
Office Use Only



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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	OTRA 477	CLC	
	Name of Lir	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are suf	bmitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	B∞t	ROS BELANCE Name of Person	
	<u> </u>	ROS BELANCE Name of Person A HPP LIC Firm/Company	
·	742 NE	1315+ S+ Address	
	MIANG	FL 33161 City/State and Zip Code	
	Otrabb E-mail address:	18@ g.ma., 1. Corvy to be used for future annual report noti	fication)
For further information	n concerning this matter, please c		
Bootres F	Selance te of Person	at (305) - 415 - Area Code Daytime	128-0072 e Telephone Number
Enclosed is a check for	or 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Sec	etion
	Corporations	Division of Corp	porations
P.O. Box 6 Tallahassec	327 5. FL 32314	The Centre of Ta 2415 N. Monroo	allahassee : Street, Suite 810

Tailahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTRA APP, (LC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 230768</u> .	were filed on 09 38 3-6	olg_and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab \mathcal{N}/\mathcal{D}	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ine Commune "the set or annulum of 1 C" and a	all have been a second
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7901 4th St 5.t. Petersburg	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	7021
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	ume of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	N/A	~ ~~
	Enter Flyrida street address	
	, Florida _	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>	Address	Type of Action
		***	⊔Add
			□Remove
			
			□Remove
			Change
			□Add
			ERemove
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e: If the date inserted in this	ne date of filing: 09/04/2018 (option has be specific and cannot be prior to date of filing or more than 90 days after fill block does not meet the applicable statutory filing requirements, this of Department of State's records.	t al) ling.) Pursuant to 605,020 late will not be fisted a
	,	
filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ed April 230	Signature of agricultural properties of a member But ros Belance Typed or printed name of signee	
	20	
	Signature of agriculture or authorized representative of a member	
	D. Acc D.	

The transfer of the contract o