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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| O.T.G ENT SUBJECT: | TETAINMENT LLC - NO | ame Amendme | nt |
|----------------------------|--|--|--|
| <u></u> | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Name of Limited Liability Company respondence concerning this matter to the following: KARL M WELSH Name of Person O.T. GENTETALNMENT LLC Firm/Company \$288 NORTHWEST 16TH STREET Address CORAL SPRINGS, FL 33071 City/State and Zip Code KARLWELSH21@GMAIL.COM B-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Same of Person at (1/2) Area Code Daytime Telephone Number Fee \$\Bigcirc \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) | | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | KARL M WELSH | | |
| | | Name of Person | |
| | 0.T. 6 E1 | | T LLC |
| | 8288 NORTHWEST 16TH | ' ' ' | |
| | | Address | |
| | CORAL SPRINGS, FL 33 | 071 | |
| | KARLWELSH221@GMAI | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please ca | all: | |
| KARL WELSH | | 01 (| |
| Name of | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

| O.T.G ENTETAINMENT LLC | | |
|---|--|---------------------------------------|
| (Name of the Limited Liability (A Florida I | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on 03/04/2019 | and assigned |
| Florida document number L19000062224 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| O.T.G ENTERTAINMENT LLC | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRI | | |
| · · · · · · · · · · · · · · · · · · · | 7557 | - |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | TEST OF T |
| | | |
| | 777-77-1 | 20 |
| B. If amending the registered agent and/or registo | ered office address on our records, | enter the name of the |
| egistered agent and/or the new registered office addre | <u>ess here</u> : | · · · · · · · · · · · · · · · · · · · |
| | | 8: 49 |
| Name of New Registered Agent: | | 語品 • |
| Name of New Neglitered Agent. | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | ida |
| | 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> | Address | Type of Action |
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| ective date, if other tha | | | | (optional) | |
| effective date is listed, the date: If the date inserted in t | | | | | |
| ument's effective date on | | | ic statutory timing to | equirements, this date | will not be fisted a |
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| he 90th day after the | e record is filed | 1. | | | |
| OCTOBER 15 | | 2010 | | | |
| ed OCTOBER 15 | | 2019 | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00