

9/22/21, 2:40 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP  
Account Number : I20190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OTTPRO LLC

Certificate of Status	1
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9/23/21  
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: OTTPRO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEN SOUZA

Name of Person

MEDEIROS SOUZA CORP

Firm/Company

845 N GARLAND AVE, SUITE 100

Address

OLANDO, FL 32801

City/State and Zip Code

assistant3@medeitossouza.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Camila

407

326 8484

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTTPRO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/13/2020 and signed

Florida document number L20000051297

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NONA STUDIO 8 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

845 N GARLAND AVE, SUITE 100

ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MEDEIROS SOUZA, Corp

New Registered Office Address:

845 N GARLAND AVE, SUITE 100

Enter Florida street address

ORLANDO

City

Florida 32801

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RENATA RIBEIRO DE ALMEIDA	13660 CHAUVIN AVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXSANDRO G CACHO RIBEI	RUA CRISTIANO VIANA 104	<input type="checkbox"/> Add
		SAO PAULO, SP 05411-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Filing Fee: \$25.00**