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T. MATTHEWS JUL 13 2022

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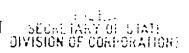
TO:

Registration Section Division of Corporations

OTERO.2 &	& CO., LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	DORCAS TROCHE			
		Name of Person		
	RCG ACCOUNTING & A	SSOCIATES, INC.		
		Firm/Company		
	9000 SHERIDAN STREE	T, SUITE 138		
		Address		
PEMBROKE PINES, FL 33024				
		City/State and Zip Code		
	DORCAS@RCGACCOUN			
	E-mail address: (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please ca	all:		
DORCAS TROCHE		954 862-2222 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 13 AM 11: 52

OTERO.2 & CO, 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 Cor	mpany were filed on <u>02/19/2020</u>	and assigned
Florida document number L20000055762		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	о ,	· -

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 will 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
AMBR	KOVES, MORELLA	9000 SHERIDAN ST	≡ Add
		SUITE 138	□Remove
		PEMBROKE PINES, FL 33024	□ Change
			□ Add
			Remove
			□Add
			□Remove
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		□Remove	
			Change
		Remove	
			Change
		<u> </u>	□Add
			Remove
			□Change

				
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Effective date, if other than to (If an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	block does not meet the app	dicable statutory filing	(optional) e than 90 days after filing.) Purequirements, this date will	irsuant to 605.0207 Il not be listed as
ne record specifies a delayed effectord is filed.	tive date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
Dated MAY 5	2022			
Dated MAY 5 /S/ALFO	VSO J. OTERO			
	Signature of a member or a	uthorized representative o	f a member	
ALFONSO J. OTER				
ALFONSO J. OTER		inted name of signee		