

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



400390052324

LLC amend

06/24/22-01033-011 **25.00

R2 JUN 24 PM 2: 31

PM 2:31

DZ JUN ZY AM (SE)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Otoro Holdings, LLC	•				
<u> </u>	_				
			Art o	of Inc. File	
	<u> </u>	, -	UTD	Partnership File	
			Fore	eign Corp. File	
			L.C.	File	
			Ficti	itious Name File	
			Trac	de/Service Mark	
			Mer	ger File	
			Ait.	of Amend. File	
			RA	Resignation	
			Diss	solution / Withdrawal	
			Ann	ual Report / Reinstatement	
			Cert	. Copy	
			Pho	10 Сору	
			Ceri	tificate of Good Standing	
			Cert	tificate of Status	
			Ceri	tificate of Fictitious Name	
			Cor	p Record Search	
			Offi	icer Search	
			Fic:	itious Search	
Signature			Fic:	itious Owner Search	
o.g.na.co.			Veh	icle Search	
		- 	Dri	ving Record	
Requested by: SETH	06/24		UC	C 1 or 3 File	
Name	Date	Time	UC	C 11 Search	
Hanne			UC	C 11 Retrieval	
Walk-In	Will Pick Up		Cou	orier	

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	Ofoso Holding S LLC Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Monica Montero	
	Otoro Waldings UC	
	150 Alhambra Circle, Ste 715	
	City/State and Zip Code Momonteno a banesio. Com E-mail address: (to be used for future annual report notification)	
	momonteno a banesco. Com E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Moni Ca	Monden at (305), 742-2270 Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
00\$25.00 Filing Fec	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &	of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassec, 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

FILED

2022 JUN 24 AM 9: 50

	,	THE STATE OF THE S
Otom	o Holdings LLC	1
(Name of the Limited L (A F	lability Company as It now appears on our reco	<u>ords.</u>)
minute of the control of the shirt indeed the bit	lity Company were filed on 02/02	. 05 and assigned
The Articles of Organization for this Limited Liabil	nty company word mad on	and assigned
Florida document number <u>L 2000 1144</u>	, <u>, , , , , , , , , , , , , , , , , , </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	ALC ST.	
B. If amending the registered agent and/or regis	stered office address on our records, ent	ter the name of the new registered
agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street ada	tress
-	City ,	Florida Ziv Code
New Registered Agent's Signature, if changing Reg	•	,
I hereby accept the appointment as registered a		further agree to comply with the
provisions of all statutes relative to the proper of	and complete performance of my duties,	and I am familiar with and
accept the obligations of my position as register being filed to merely reflect a change in the reg	red agent as provided for in Chapter 60 vistered office address. I hereby confirm	15, F.S. Or, if this document is that the limited liability
company has been notified in writing of this cho	ange.	•

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

Title	<u>Name</u>	Address	Type of Action
MGR	Carlos Alberto Escotet	450 Como Avenue	_½ /\dd
		Usra Gables, FL 33146	P □ Remove
			Change
			□Add
			🗆 Remove
			□Change
			🗆 🗖 Add
			□Removc
			[]Change
	***	*****	🗆 Add
			Remove
			□Change
			□Add
			□Remove
			[]Change
·····			🗆 Add
			□Remove
			Change

-	
	, 1
fan effecti Note: If t	date, if other than the date of filing: OURD OS OS
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 3 , 2022.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00