

120 0000116432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

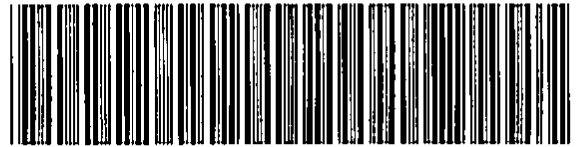
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/14/20--01011--017 \*\*25.00

2020 MAY 14 AM 6:35  
FILED  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

2020 MAY 14 AM 6:35

FILED

JUN 04 2020

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OTTO SOLUTIONS 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:

SAM PUTNAM

\_\_\_\_\_  
Name of Person

OTTO SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

7300 BISCAYNE BLVD STE 200

\_\_\_\_\_  
Address

MIAMI, FL 33138

\_\_\_\_\_  
City/State and Zip Code

SP@WLSPIRITS.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

SAM PUTNAM

954

7756621

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

FILED  
2020 MAY 11 AM 6:35  
and assigned

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

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

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

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**


**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**