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## L20000116432

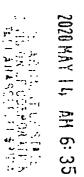
(Requestor's Name)
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(Document Number)
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JUN 04 2020 S. YOUNG

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	JUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence 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	<del></del>
	SP@WLSPIRITS.COM	to be used for future annual report no	difference
For further information c	oncerning this matter, please ca		direality.
SAM PUTNAM		954 7756621	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S	<del>_</del>	Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oo Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTTO SOLUTIONS LLC		7075
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L20000116432		Tand assigned T
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	·
The new name must be distinguishable and contain the words "Lindinguishable and contain the words" "Lindinguishable and contain the words "Lindinguishable and contain the words" "Lindinguishable a		the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	Cuv	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS EDUARDO ESPASAS	2451 BRICKELL AVE 3D	≣Add
		MIAMI, FL 33129	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			ElChange
			□Add
			Remove
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Filing Fee: \$25.00