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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

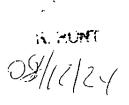


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09/12/24--01011--002 **10.00





COVER LETTER

TO: Registration Se Division of Cor		graph (Control	•
Black II He SUBJECT:	brew LLC	•	•
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Olanre Faleti		
	·	Name of Person	
	·	Firm/Company	
	1 Bonnie Dr.		
	Homosassa/FL 34446	Address	
	Olanrewaju_faleti@ymail.c E-mail address: (City/State and Zip Code om to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Olanre Faleti		813 3351693 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 S	Section	<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 632		Division of Co The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black II Hebrew LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>06/30/20</u>	and assigned
Florida document number L200000183726	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
OTF Enterprise LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		7.
		
Enter new mailing address, if applicable:		m 1 2 - 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		স্টু ত
		· IE 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	 		
			□Remove
			□Change
			Add
			□Remove
			□ Change
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			□Remove
			□Change
			□ Add
			□Remove
			∏ Change

E. Effective date, if other than the date of filing: (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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. Dated September 10 Olanrewaju Faleti Signature of a member or authorized representative of a member Olanrewaju Faleti Typed or printed name of signee		
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Filing Fee: \$25.00