

L21000094782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

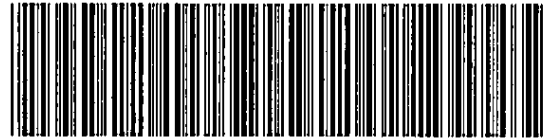
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OTN, 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:

Marcia Morgan

Name of Person

OTN, LLC

Firm/Company

327 Lake Elosie Pointe Drive

Address

Winter Haven, FL 33880

City/State and Zip Code

marcial_morgan@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Morgan

863

877-5170

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

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OTN, LLC

The Articles of Organization for this Limited Liability Company were filed on 2/25/2021 and assigned Florida document number L21000094782

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCIA MORGAN	327 LAKE ELOISE POINTE DRIVE	<input type="checkbox"/> Add
		WINTER HAVEN FL 33880	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KEYANNA BROWN	327 LKE ELOISE PINTe DRIVE	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33880	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PAMELA NEWELL	1362 BURNLEY COURT	<input type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF COURT
JANICE L. BROWN
CLERK OF COURT

2021 MAR 1

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 11TH 2021

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

MARCIA MORGAN

Typed or printed name of signee

11-2100009117P2