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FILED

2022 HAR 31 PH 6: 46

SECRETARY OF STATE

O SIMMONS APR 1 4 2022

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co					
	OTTM CLEANING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JUDITH OTT				
		Name of Person			
	OTTM CLEANING LLC				
		Firm/Company			
	9 SLIGSHOT CT				
	<del></del>	Address			
	PALM COAST FLORIDA	X 32164			
		City/State and Zip Code			
	OTTMCLEANING@GMA		·		
For further information	t-mail address: ( concerning this matter, please c	to be used for future annual report noti	nication)		
	concerning this matter, please c				
JUDITH OTT		786 406.92-17 at ()			
Name	of Person	Area Code Daytim	ne 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 Addre Registration		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327		ine Centre of 1	ananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 MAR 31 PM 6: 46

SECRETARY OF STATE

OTTM CLEANING LLC.

TALLAHASS	EE_EL
bility Company as it now appears on our records order Liability Company)	.,,-,,-
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imited liability company here:	
Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
DRESS)	
red office address on our records, <u>enter tl</u> <u>c</u> :	he name of the new registered
Enter Florida street address	
, Flor	ida
City	ida Zıp Code
	imited liability Company as it now appears on our records rida Limited Liability Company)  y Company were filed on   imited liability company here:  Limited Liability Company." the designation "LLC"  DRESS)  red office address on our records, enter the control of the control

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
MGR	DANAISY MEDINA CARDENAS	18 PRINCESS LUISE LN PALM COAST FL.3216-	l □Add
		·•	= Remove
			□ Change
MGR JAY C. OTT	JAY C. OTT	9 SLINGSHOT CT. PALM COAST FL 32164	\( \overline{
			□Remove
			Change
			□Add
			□Remove
			Change
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Note: 1	we date, if other than the date of filing:	(3)(t the
The record ecord is file	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 ed.	
Dated _	MARCH 26	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00