L22 000035632

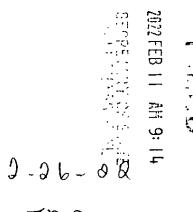
(Requestor's Name) (Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Amendments

Office Use Only



600381012956

02/11/22--91018--018 **25.01



TRS

COVER LETTER

TO: Registration So Division of Cor			
O.T.C. DE	ALSTLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN POVEDA		
		Name of Person	
			20
		Firm/Company	2022 FEB 111 STOKE A A VALL AND
	13176 NW 19TH ST		Д. —
		Address	7
	PEMBROKE PINES FL 3	3028	
	OTCDE ALCILICACA (ALL	City/State and Zip Code	
	OTCDEALSLLC@GMAII E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	rall:	
CHRISTIAN POVEDA		954 826-6152 at ()	
Name (of Person		e Telephone Number
Enclosed is a cheek for t	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		Street Address:	etion
Registration Division of C		Registration Sec Division of Cor	porations
P.O. Box 63: Tallahassee.		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.T.C DEALS LLC

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

The Articles of Organization for this Limited Liability C	Company were filed on 01/18/2022	and assigned
Florida document number L22000035632		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit		2022 FEB 11
The new name must be distinguishable and contain the words "Lim	nited Liability Company "the designation	n "I I C" or the abbreviation "I I C"
Enter new principal offices address, if applicable:	med Lawiny Company, the designation	الأسكاد في
(Principal office address MUST BE A STREET ADDR	RESS)	• • •
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:	d office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida
	Cin	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, <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>	Name	Address	Type of Action
AHBR	CHRISTIAN POVEDA	13176 NW 19TH ST PEMBROKE PINES FL 33028	≣ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		M	□Add
			ElRemove
			□Change
			□Add
			□Remove
			□ Change
		<u></u>	CIAdd
			□Remove
			□ Changa

ffective	date, if other than the date of filing: (optional)
ote: If	the date, if other than the date of filing:
record s I is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.
ated	03/01/22
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00