# L22000 101235

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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RECEIVED APR 2 5 2022

T. MATTHEWS JUN 17 2022

### **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT: D.T. F	A Vallet So	LYVICS LLC	· 
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Datarius	Allon Name of Person	
	D.T.A Val	Et Servicus Firm/Company	
	2300 Wi	odlake or v	e
	Palm Bay	FL 32405 City/State and Zip Code	·
	E-mail address: (	to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Datarius A	A:U() Person	at (321) 261 - Area Code Daytime	9053 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 Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u>		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

### ARTICLES OF ORGANIZATION

ECRETARY OF STATE SION OF CORPORATION

22 APR 25 AM 10: 30
OTA VOICES 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 Company were filed on 2/25/2022 and assigned Florida document number <u>L22000101235</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

#### 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.

City

Florida \_

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
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		Ralm Bay FL, 32905	□Remove
		·	Change
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Tective date, if other that an effective date is listed, the date in serted in the date inserted in the date on the date of th	te must be specific and his block does not m	cannot be prior to deet the applicable			g.) Pursuant to 605.0207
record specifies a delayed et is filed.	fective date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
ned April Lo	,	2022	,		
	Dataux Signature of a	) CUU	<u></u>	member	