

L23000359793

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP
Account Number : I2020000161
Phone : (954)531-1451
Fax Number : (954)697-0677

2023 OCT 13 PM 11:14

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA
DIVISION OF
CORPORATIONS
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTTO GENERAL SERVICES LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OTTO GENERAL SERVICES 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:

PAULO GOMES
Name of Person
GOMES INSURANCE AND ACCOUNTING CORP
Firm Company
240 LOCK ROAD
Address
DEERFIELD BEACH, FL 33442
City, State and Zip Code
GUSTAVOLMELO@GMAIL.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO DE SOUZA MELO 754 6108811
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OTTO GENERAL SERVICES 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 07/31/2023 and assigned
Florida document number 123000359793.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 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	LUIZA L. PENHA	1240 NW 13TH STREET, APT 101	<input type="checkbox"/> Add
		BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO DE SOUZA MELO	1240 NW 13TH STREET, APT 101	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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.

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 OCTOBER 12, 2023

Handwritten signature in a box

Signature of a member or authorized representative of a member

Iuiza penna

Typed or printed name of signee