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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Ottomatic 1		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alisa Otto		
	Name of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Alisa Otto Name of Person Firm/Company 730 Whispering Pines Circle Address Melbourne, FL 32940 City/State and Zip Code alisa.otto@gmail.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: 100 Name of Person Templa address: (to be used for future annual report notification) Area Code Daytime Telephone Number Lis a check for the following amount: 100 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Certificate of Status & Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		
		Firm/Company	
	730 Whispering Pines Circ	cle	
		Address	202h
	Melbourne, FL 32940		CRE
	alisa.otto@gmail.com	City/State and Zip Code	TALE TARY OF PH
	-	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	55 S
Alisa Otto			i ₄ ;
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section Corporations 27	Registration Se Division of Co The Centre of T	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ottomatic i freads		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compulsion document number <u>L23000433377</u>	any were filed on September 18, 2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
rekalla, LLC		
he new name must be distinguishable and contain the words "Limited 1	liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the nar	2021 July 13 PH 22 PR S TE S T
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 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
AMBR	Cynthia Barnhart	2719 Pawnee Crossing	■Add
		Edmond.OK 73034	
			□Change
			□Add
			□Remove
			Change
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			SECRETARY OF Change ALLAHASSE GRemove Remove
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ocument's effective date on the	Department of State's	s records.				
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ecord specifies a delayed effect is filed.	tive date, but not an el	nective time, at	12.01 a.m. on the e	armer of: (b)	ine 90th day	after the
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	Signature of a memb	er or authorized re	presentative of a mer	nber	 	