

L23000559444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

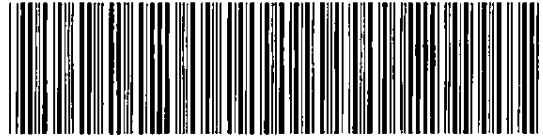
(Business Entity Name)

(Document Number)

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2024 NOV 19 AM 8:43
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OTB ADVANCED SOLUTIONS 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:

Russel F Harris

Name of Person

OTB ADVANCED SOLUTIONS LLC

Firm/Company

10165 MIMOSA SILK DR

Address

FORT MYERS, FL 33913-8818

City/State and Zip Code

rfharris1998@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russel Harris

816

810-9595

at ()

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
Tallahassee, FL 32314

Street Address:

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

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(Name of the Limited Liability Company as it now appears on our records.) **THE CITY OF STATE**
(A Florida Limited Liability Company) **TALLAHASSEE, FLORIDA**

If Changing Registered Agent, Signature of New Registered Agent

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	RUSSEL F HARRIS	10165 MIMOSA SILK DR	<input checked="" type="checkbox"/> Add
		FORT MYERS FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELE A GOMEZ	17519 W 84TH TER	<input type="checkbox"/> Add
		LENEXA KS 66219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2024 NOV 19 AM 8:43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

F. 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 NOVEMBER 7 2024

City of London

Signature of a member or authorized representative of a member

RUSSEL F HARRIS

Typed or printed name of signee