L23000559444

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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2024 NOV 19 AM 8: 43

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations OTB ADVANCED SOLUTIONS LLC SUBJECT: 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 810-9595 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OTB ADVANCED SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Compa	any were filed on 12/20/2023	and assigned
Florida document number L23000559444		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	ce address on our records, <u>enter t</u>	he 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	· · · · ·
		rida
	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.

		• •	O /
or removed from	our reco	rds:	

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RUSSEL F HARRIS	10165 MIMOSA SILK DR	≡ Add
		FORT MYERS FL 33913	□Remove
			□Change
AMBR	MICHELE A GOMEZ	17519 W 84TH TER	□Add
		LENEXA KS 66219	=Remove
			□Change
			□ Add
			□Remove
			Change
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at the relation of the entry	Const. on D
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statute.	
iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	01 a.m. on the earlier of: (b) The 90th day after the
NOVEMBER 7 2024	
d, 2024	
Courts to be a	
	sentative of a member

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