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TALLAMASSEE FLORIDA 2024 FEB -9 AM 8: 11 NECEIVED

COVER LETTER

TO: Registration Se Division of Cor		;		•
Ottley Solu	itions, LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lyle O. Ottley			
		Name of Person		
	Ottly Solutions, LLC.			
		Firm/Company		
	5281 Tower Road,Suite B	2		2024 FEB -9
		Address		· '
	Tallahassee,Fl 32303			(A) (基 (2) (2) (3) (4) (4)
		City/State and Zip Code		
	lottley01@gmail.com	to be used for future annual report noti	Gostion)	1,1
For further information c	oncerning this matter, please c	•	neationy	
Lyle O. Ottley		850 242-8704		
Name o	f Person	Area Code Daytim	e Telephone Numbe	r
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fcc	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres Registration S		Street Address: Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632	.7	The Centre of T	allahassee	
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ottley Solutions, LLC.			
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)	_ .
The Articles of Organization for this Limited Liability Com	npany were filed on February 5,202	4	and assigned
Florida document number <u>L24000058833</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u></u>		
			<u> </u>
		2 5	17 · · · · ·
Enter new mailing address, if applicable:		<u>,-ff:</u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	9
		70 Th	1000 1000 1000
		F. i.e.	В
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name o	f the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
		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>	Address	Type of Action
MGR	Lyle O. Ottley	2410 Almond Drive, Tallahassee, FL 32303	🗏 Add
			Remove
			Change
			🗆 Add
			□Remove
			Change SECRE
			GRemove CO.
			□Add
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	epartment of State's records.			
ocument's effective date on the De	l effective date, but not	an effective time,	at 12:01 a.m. o	n the earlier
to record specifies a delayed The 90th day after the reco	l effective date, but not	an effective time,	at 12:01 a.m. o	n the earlier
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