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COVER LETTER

	tration Section · ion of Corporations	
SUBJËCT	OTR Agency, LLC	, , ,
SUBJECT	Name of Limited Liability Company	
The enclos	Articles of Amendment and fee(s) are submitted for filing.	
Please retu	Il correspondence concerning this matter to the following:	
	Courtney Jared Bannan, Esq	
	Name of Person	
	The Entrepreneur's Law Group, LLC	
	Firm/Company	
	106 S Federal HWY #556	
	Address	
٠	Fort Lauderdale, Florida 33301	
	City/State and Zip Code	
	cjb@courtneyjaredbannan.com	
	E-mail address: (to be used for future annual report notification)	
For further	ormation concerning this matter, please call:	
Courtney .	1 Bannan Esq 954 2492230	
	Name of Person Area Code Daytime Telephone Number	_
	ng Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing I Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & y

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)	
Γhe Articles of Organization for this Limited Liability Company			
Florida document number L24000085229		4.0	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
i.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	650 NE 2ND STREET		
Principal office address MUST BE A STREET ADDRESS)	NUMBER 3707		
	MIAMI FLORIDA 33132		
	460 111 01 15 15 15 15		
Enter new mailing address, if applicable:	650 NE 2ND STREET	·- <u>-</u>	
Mailing address MAY BE A POST OFFICE BOX)	NUMBER 3707	·	
	MIAMI FLORIDA 33132		
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u> i	nter the name of the new regi	
Name of New Registered Agent:		· • • • • • • • • • • • • • • • • • • •	
New Registered Office Address:	77.5		
	Enter Florida street ad	ddress	
		. 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>	<u>Address</u>	Type of Action
AMBR	MICHAEL JOSEPH BONNET	1110 BRICKELL AVE 400K-288	□Add
		MIAMI FLORIDA 33131	
			☐ Change
		· · ·	□ Add
			□Remove
			□Change
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Effective date, if other than th If an effective date is listed, the date m	ust be specific a	and cannot be prio	r to date of filing o	or more than 90 days	after filing.) Pursuar	nt to 605.0207
Note: If the date inserted in this bedocument's effective date on the I	block does no Department o	t meet the applic f State's records	cable statutory f	iling requirements	s, thiş date will not	be fisted as
	·					
e record specifies a delayed effecti	ve date, but r	not an effective t	ime, at 12:01 a.	m, on the earlier o	of: (b) The 90th o	ay after the
rd is filed.					11	
Dated MAY 1		2024		7//		
Dated		_,	·	T some		
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Typed or printed name of signee