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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations						
SUBJECT:		OTA LLC					
SUBJECT:	Name of Lim	ited Liability Company	<u></u>				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		GABRIEL TERENZI					
Name of Person							
GTZ SOLUTIONS LLC							
	Firm/Company						
	1160 HERON SOUND DR						
	· · · · · · · · · · · · · · · · · · ·	Address	tication)				
		APOPKA, FL 32703					
		City/State and Zip Code					
		gabriel@gtzsolutions.us					
	E-mail address: (	to be used for future annual report no	otification)				
For further information c	oncerning this matter, please co	all:					
GABRIEL	TERENZI	407 747-2972					
Name o	f Person	at () Area Code Dayti	ime Telephone Number				
Enclosed is a check for th	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Registration 5		Street Address: Registration S	Section				
Division of Corporations		Division of Corporations					
P.O. Box 632		The Centre of Tallahassee					
Tallahassee, FL 32314 2415 N, Mc		oe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FJOTA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{02/27/2024}$ and assigned Florida document number L24000100652 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2502 LAKE DEBRA DR APT 305 Enter new principal offices address, if applicable: ORLANDO, FL 32835 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the 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

## 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.

City

\_ Florida \_

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	JOAO P DE SOUSA OLIVEIRA	2510 LAKE DEBRA DR APT 106	
		ORLANDO, FL 32835	■Remove
			□Change
AMBR	AMANDA SANTOS MURAT	2502 LAKE DEBRA DR APT 305	<b>=</b> Add
		ORLANDO, FL 32835	□Remove
			□Change
			□Add
			□Remove
			□Change
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		******	Remove
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ective date, if other than the effective date is listed, the date mu	date of filing:	<del></del>	(optiona	l)
effective date is listed, the date mu e: If the date inserted in this b	st be specific and cannot be lock does not meet the a	prior to date of filing or pplicable statutory fil	more than 90 days after filit ing requirements, this da	ig.) Pursuant to 605.020 te will not be listed as
ument's effective date on the D				
cord specifies a delayed effective stiled.	re date, but not an effect	ive time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
May 20th	2024	·		
	··	<del></del> •		
	Signature of a member or	9210 0012	EIRA	
	Signature of a member or	authorized representati	ve of a member	<del></del>
	FLAVI	O DE OLIVEIRA		

Filing Fee: \$25.00