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COVER LETTER

TO: Registration S Division of Co			
OTTO TELEVISION	anagement LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Blake Feller		
		Name of Person	, <u>, , , , , , , , , , , , , , , , , , </u>
	Taggart Management LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	146 2nd Street North Suite	310	,
		Address	
	Saint Petersburg, FL 3370	1	
		City/State and Zip Code	
	taggart.management2024@	gmail.com to be used for future annual report notifi	estion)
For further information	concerning this matter, please c		carrony
Blake Feller		813 641-4613	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taggart Management CLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on April 2nd, 2024	and assigned
Florida document number L24000158344		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	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.

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	Blake Feller	146 2nd Street North Suite 310	≣ Add
		Saint Petersburg, FL 33701	□Remove
			Change
MGR	Danielle Feller	2201 272nd Ave.	□Add
		DeWitt, IA 52742	■Remove
			Change
			Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
			□∧dd :
			□Remove

					
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fective date, if other that an effective date is listed, the dote: If the date inserted in a secure of the date of	this block does n	not meet the applic	able statutory filing re	(option than 90 days after fil equirements, this d	al) ling.) Pursuant to 605.02 late will not be listed
ecord specifies a delayed e is filed.	ffective date, but	not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
June 19th		2024			. 3
	130 4	File			:
	130 4	Till of a member or auth	orized representative of	a member	:

Filing Foe: \$25 0