

P2000000 2973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

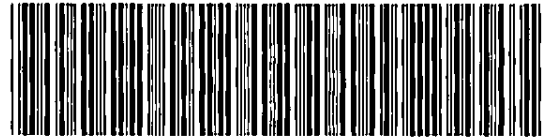
(Document Number)

Certified Copies _____

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S TALLENT
MAR 18 2020

FILED

2020 MAR 18 PM 1:45

NLC



RECEIVED

2020 MAR 10 PM 2:09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2020

BJAZEVIC, SLAVICA
2306 WOODLAND BLVD
FORT MYERS, FL 33907

SUBJECT: OTA SERVICES INC
Ref. Number: P20000008973

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000174696-SKB, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 120A00004957

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OTA SERVICES INC

DOCUMENT NUMBER: P20000008973

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SLAVICA BIAZEVIC
Name of Contact Person
OTA SERVICES INC
Firm/ Company
2306 WOODLAND BLVD
Address
FORT MYERS FL 33907
City/ State and Zip Code
sbjazevics@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Slavica Bjazevic at 239 2981982
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee
☒ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee & Certificate of Status & Certified Copy (Additional Copy is enclosed)
- previously submitted*

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

New Name per letter

Articles of Amendment
to
Articles of Incorporation
of

OTA SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000008973

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

KRUSHEN, INC.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1) _____ Change	_____	N/A	_____	_____
_____ Add			_____	_____
_____ Remove			_____	_____
2) _____ Change	_____	N/A	_____	_____
_____ Add			_____	_____
_____ Remove			_____	_____
3) _____ Change	_____	N/A	_____	_____
_____ Add			_____	_____
_____ Remove			_____	_____
4) _____ Change	_____	N/A	_____	_____
_____ Add			_____	_____
_____ Remove			_____	_____
5) _____ Change	_____	N/A	_____	_____
_____ Add			_____	_____
_____ Remove			_____	_____
6) _____ Change	_____	N/A	_____	_____
_____ Add			_____	_____
_____ Remove			_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

03/13/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

03/13/2020
Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Slavica Bjazevic

(Typed or printed name of person signing)

President

(Title of person signing)