

8/3/23, 3:42 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L1800008689

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000270473 3)))



H230002704733ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : COMPANY COMBO, LLC  
 Account Number : 120160000033  
 Phone : (866)428-2030  
 Fax Number : (407)308-0481

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 OPTDATA TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 AUG -3 PM 7:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED

RECEIVED  
 2023 AUG -3 PM 4:15  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)    
 [Corporate Filing Menu](#)    
 [Help](#)

AUG 03 2023  
 K. Brumblay

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OPTDATA TECHNOLOGIES, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS LUGO

\_\_\_\_\_  
Name of Person

GLOBALFY, LLC

\_\_\_\_\_  
Firm/Company

7345 W SAND LAKE RD SUITE 210

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

DOCS@GLOBALFY.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS LUGO

at ( 866 ) 4282030

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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 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

OPTDATA TECHNOLOGIES, 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 01/05/2018 and assigned Florida document number L18000008689

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 "L.L.C."

Enter new principal offices address, if applicable: 7345 W SAND LAKE RD SUITE 210 OFFICE 1905 ORLANDO, FL 32819

Enter new mailing address, if applicable: 7345 W SAND LAKE RD SUITE 210 OFFICE 1905 ORLANDO, FL 32819

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: GLOBALFY BUSINESS SERVICES, LLC

New Registered Office Address: 7345 W SAND LAKE RD SUITE 210 ORLANDO, Florida 32819

APPROVED AND FILED 2023 AUG -3 PM 7:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

[Handwritten Signature]

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

