

118 0000 4730A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

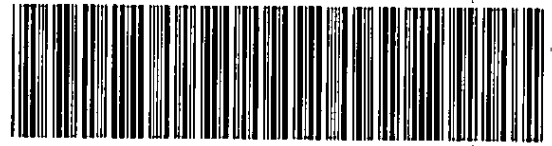
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700327229397

04/11/19--01008--002 **25.00

FILED
2019 APR 11 PM 2:52

Amend

APR 17 2019
I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OPTREUM LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Tiffany Tait
Name of Person

Optreum, LLC
Firm/Company

1701 Green Road suite C5
Address

Deerfield Beach
~~Pompano Beach~~ Florida 33064
City/State and Zip Code

ttfilingflorida@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Tait at (954) 348-3969
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Optreum, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 APR 11 PM 2:52
FILED
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 2/22/2018 and assigned

Florida document number L18000047304

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."

Enter new principal offices address, if applicable:

(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: Tiffany Tait

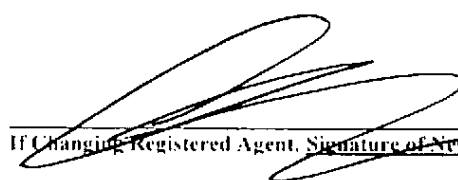
New Registered Office Address: 1701 Green Road Suite C

Enter Florida street address

Deerfield Beach Florida 33064
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 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>
MGR	DMD Dream Holdings LLC	N/A Address not changing	<input type="checkbox"/> Add
		1701 Green Road Suite C	<input checked="" type="checkbox"/> Remove
		Deerfield Beach, FL 33463	<input type="checkbox"/> Change
MGR	Tiffany Tait	N/A Address not changing	<input checked="" type="checkbox"/> Add
		1701 Green Road Suite C	<input checked="" type="checkbox"/> Remove
		Deerfield Beach, FL 33463	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

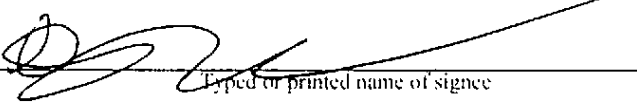
E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 01 _____ 2019 _____

Stelios Stewart Findrilakis

Signature of a member or authorized representative of a member


Typed or printed name of signee