

L21000280186

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(Business Entity Name)

(Document Number)

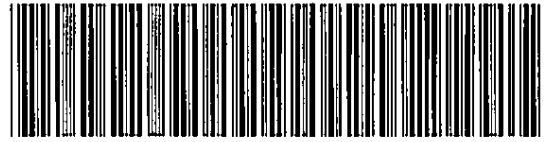
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COLUMBIA, MO 64201



2021 SEP 24 AM 8:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2021

FERNANDO FRANCO
268 ALHAMBRA CIRCLE 2ND FLOOR
CORAL GABLES, FL 33134 US

SUBJECT: OPTIMUS INTERLOGISTICS, LLC
Ref. Number: L21000280186

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE RESIGN THE SIGNATURE FOR THE LAST PAGE.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 021A00021529

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Doc ID: d2437e18e5264aff1644b35efd8db2d6a2363d1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPTIMUS INTERLOGISTICS, 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:

Fernando Franco
Name of Person

FRANCO LAW FIRM, P.A.
Firm/Company

268 Alhambra Circle 2nd Floor
Address

Coral Gables Miami FL - 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Fernando Franco at (786) 724-0900
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

FILED
2021 SEP 24 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OPTIMUS INTERLOGISTICS, 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 06/16/2021 and assigned Florida document number L21000280186

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: 4385 good rd Seville Ohio 44273
(Principal office address MUST BE A STREET ADDRESS)

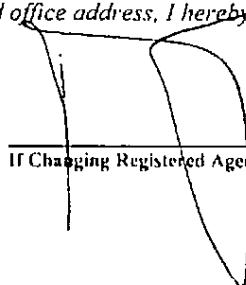
Enter new mailing address, if applicable: 4385 good rd Seville Ohio 44273
(Mailing address MAY BE A POST OFFICE BOX)

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: FRANCO LAW FIRM, P.A.
New Registered Office Address: 268 Alhambra Circle, 2nd Floor,
Enter Florida street address
Coral Gables, Florida 33134
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>
<u>MGR</u>	<u>ATEHORTUA, ANDRES F</u>	<u>7821 SW 10TH CT APT C</u>	<input type="checkbox"/> Add
		<u>NORTH LAUDERDALE, FL 33068</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Silvia Maria Velez de Isaza</u>	<u>4385 good rd Seville Ohio 44273</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Carolina Isaza Velez</u>	<u>4385 good rd Seville Ohio 44273</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Natalia Isaza Velez</u>	<u>4385 good rd Seville Ohio 44273</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Sebastian Velez</u>	<u>4385 good rd Seville Ohio 44273</u>	<input checked="" 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 _____


09 / 16 / 2021

Signature of a member or authorized representative of a member

Sebastian Velez
Typed or printed name of signee