To:

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.

(((H23000256904 3)))



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 : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

\*\*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 OPTIK USA LLC

Certificate of Status	U
Certified Copy	0
Page Count	0.
Estimated Charge	\$25

Electronic Filing Menu Corporate Filing Menu

中的EMIEUX

## ARTICLES OF AMENDMENT "ARTICLES OF ORGANIZATION

T BPTIK USA LLC		,	••	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as It now appears of liability Company)	n our records.)	····
The Articles of Organization for this Limited I Florida document number L22000340958		were filed on <u>8</u>	12/2022	and assigned
This amendment is submitted to amend the fol-	owing:			
A. If amending name, enter the new name o	f the limited liab	lity company here:	:	
			ANT 1 CT and a state of	and the second s
The new name must be distinguishable and contain the	words "Limited Liabit	ity Company, the desig	giation LLC or the act	arcviation I.I.C.
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	,			
Enter new mailing address, if applicable:				n a Kan
(Mailing address MAY BE A POST OFFICE BOX)				್ಲ
Manag wartes 14711 DD 711 OUT OF 1 1 CO	1			
				# <u></u> !-
B. If amending the registered agent and/or	registered office i	address on our reco	ords, enter the name	e of the new registere
agent and/or the new registered office address here:			, , , , , , , , , , , , , , , , , , ,	5
	į			<u> </u>
Name of New Registered Agent:	DANIEL OBE	RTI	· · · · · · · · · · · · · · · · · · ·	· ω
New Registered Office Address:	3575 NE 207 S	TREET B-6A		
THE PROBLEM VILLE AMERICA.		Enter Florida	street address	
	AVENTURA		, Florida <sup>331</sup>	80
		Cuy	1 2 25/2 25/2	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.

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>	Name	Address	Type of Action
AMBR	CARLA VALDERRAMA		UAdd
		17000 N BAY RD APT 517 SUNNY ISLES BEACH	f1 ≣Remove
			Change
AMBR	DANIEL OBERTI	3575 NE 207 STREET B-6A AVENTURA FL 3318	0 
			□Remove
			Change
			□Add
			[]Remove
			Change
			□Remove
			E Change
*****			□Add
			□Remove
			Change
	<del></del>		⊒Add
			□Remove

To:

Filing Fee: \$25.00