

L23000429229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

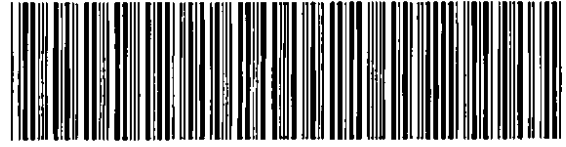
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/23--01006--002 **25.00

2023 11 17 11:00 AM

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OPTIMA FOR CONSTRUCTION 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:

FARIS N AL MEZEAD
Name of Person

OPTIMA FOR CONSTRUCTION LLC
Firm/Company

6381 LANDINGS TER
Address

TAMARAC, FL 33321
City/State and Zip Code

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

2017 11 17 11:10

For further information concerning this matter, please call:

FARIS N AL MEZEAD at (813) 4683523
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**

OPTIMA FOR CONSTRUCTION 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 09/14/2023 and assigned Florida document number L23000429229.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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:

FARIS N AL MEZEAD

New Registered Office Address:

1364 Avon Lane APT 33

Enter Florida street address

North Lauderdale

City

, Florida 33068

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	FARIS N AL MEZEAD	1364 Avon Lane APT 33	<input type="checkbox"/> Add
		North Lauderdale, Fl 33068	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	AHMED R AWADALLA	6381 LANDINGS TER	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2/10/10
 10

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

Changed FARIS N AL MEZEAD, JR TO, FARIS N AL MEZEAD, (removed the JR)

and address from 1384 SW 47th TERR Fort Lauderdale FL 33317

to 1364 Avon Lane APT 33 North Lauderdale, FL 33068

Changed AHMED R AWADALLA, SR TO, AHMED R AWADALLA, (removed the SR)

Multiple horizontal lines for additional amendments. On the right side, there is a vertical stamp that reads "2023 11 9 10".

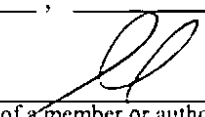
E. Effective date, if other than the date of filing: _____ (optional)

(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 11/9/2023 _____



Signature of a member or authorized representative of a member

FARIS N AL MEZEAD

Typed or printed name of signee