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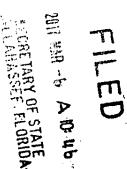
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COVER LETTER

Division of Corpora	
SUBJECT:	OPTIMUM CLOSINGS, LLLP
	orida Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of	Amendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to:
	RISTENSEN, ESQ.
	act Person
	LO LAW GROUP
Firm	Company
	MMERCIAL BLVD.
A	ddress
TAMARA	AC, FL 33319
City, Stat	e and Zip Code
pleadings	s@lawllg.com
E-mail address: (to be used	for future annual report notification)
For further information con-	cerning this matter, please call:
JOSHUA CHRIST	ENSEN at (954) 621-0016
Name of Contact Person	
Enclosed is a check for the	
	.25 Filing Fee and Certified Copy S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circ	
Tallahassee FI 32301	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

OPTIMUM CLOSINGS, LLLP
Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620. limited liability limited partnership, whos 1/5/2017, assig	e certific	ate was filed with the	Florida D	epartment of Sta	
adopts the following certificate of amend					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name here:	of the lir	nited partnership or l	imited liab	ility limited partn	<u>iership</u>
New name must be d	istinguisha	ble and contain an accept	able suffix.		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	princip	al office address, <u>en</u>	ter new m	ailing address a	<u>nd/or</u>
New Principal Office Addre	ess:		1	114 2	
(Must be STREET address)				77	
				TOP I	and the last
New Mailing Address:				SERV	M
(May be post office box)				A A	O
				RE E	
				DM D	
C. If amending the registered agent and/onew registered agent and/or the new registered.			our records	s, <u>enter the name</u>	of the
			<i></i>		
Name of New Registered Agent:	Joshua	a Christensen, Esq.			
New Registered Office Address:	4760 V	V. Commercial Blvd	<u> 1</u>		
-		Enter Florida s	treet addre.	ss	
		Tamarac	_, Florida _	33319	
		City	_	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Agent, Sign	nature of New Registered Age	
If amending the general partner(s), enter the name and business address of each general partner beed or removed from our records:				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u>G</u>	Rosanna Espinosa	4760 W. Commercial Blv Tamarac, FL 33319	d. ☐ Add ☐ Remove	
G	Lampariello Law Group	4760 W. Commercial Blv Tamarac. FL 33319	d. ✓ Add ☐ Remove	
	-		Add Remove	
			Add Remove	
	d noutroughin on limited links	ility limited partnership is ame	Remove	

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
	.
Effective date, if other than the date of filing Effective date cannot be prior to nor more than 90 a State.)	g: days after the date this document is filed by the Florida Department of
,	
Signature(s) of a general partner or all ge	eneral partners*:
	red to sign this document unless the limited partnership is adding or
removing a "limited liability limited partnership" ele when adding or removing a limited liability limited	ection statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.)
	No or President of
	- Nicolas Lamporiello, as President of Lamporiello Law Croup, Inc.
	, , , , , , , , , , , , , , , , , , ,
Signature(s) of all new or dissociating gen	neral partner(s), if any:
	- Rosinna Espinosa
	- Nicolas Lamperiallo, as President of Lamperia
Filing Fee: \$52.50	F-11
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	
	See - m
	T9 > → :