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(Document Number)						
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: OPTIMA S, 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:							
Alex Sorsher							
(Name of Person)							
Liberty Tax Service							
(Firm/Company)	•						
2500-1 N State Road 7							
(Address)							
Hollowood El 22021							
Hollywood, FL 33021 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Alex Sorsher at (954) 962-0011							
(Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\sum \subseteq \$30.00 Filing Fee & \sum \subseteq \subseteq \$55.00 Filing Fee & \sum \subseteq \$60.00 Filing Certificate Copy Certificate	g Fee, of Status &						
(additional copy is enclosed) Certified C	Сору						
(additional	copy is enclosed)						
MAILING ADDRESS: STREET/COURIER ADDRESS:							

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OPTIMA S, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now apperida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 11	/10/2004	and assigned
Florida document number <u>L0400081621</u>			
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation	"LLC" or the abbreviatio
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on address here:	our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street o	(ddrass)
	.,		
. 1621 - <u>-</u>	(City)	, Florida _	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this char	er and complete performance ed agent as provided for in C stered office address, I hereb	e of my duties, and l Chapter 608, F.S. Or by confirm that the l	am familiar with and and and this document is
	(If Changing Registered A	gent, Signature of New	Registered Agent) "Y
•		, <u></u>	B I
	Page 1 of 2	<u> </u>	OF ST

" hate in Regio cred Spoul o many in-If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	•	Address	Type of Action
MGR	Galina Andreueva		1380 NE Mimai Gardens Dr. Ste 264 Miami, FL 33179	Add Remove
MGR	Vitali Dobrolioubov		40 Aylmer Rd. London N20BX, United Kingdom	Add Remove
				Add Remove
·				Add Remove
- 				Add Remove
•				Add Remove
D. If am	Mr. Vitaly Dobrolioubov is a M	Member a	(s) here: (Attach additional sheets, if necessary.) and 50% shareholder of Optima S, LLC. d 50% shareholder of Optima S, LLC.	
			T) ECA	2000 FEB
Dated	January 24	•	r authorized representative of a member	
	Signature of	1	Teksand Sors her r printed name of signee Page 2 a 5 2	

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Filing Fee: \$25.00



Andrea A. Hernandez Commission #DD303203 Expires: Mar 24, 2008 Bonded Thru Atlantic Bonding Co., Inc.