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D. BRUCE
FEB 1 3 2012
EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Optima Servi	ices of Orlando, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	pondence concerning this matter	r to the following:			
	C	arlos J. Burruezo, Esq.			
Name of Person					
	Burruezo Law Firm, PLLC				
	Firm/Company				
	3738 Lower Park Road				
	Address				
Orlando, Florida 32814					
City/State and Zip Code					
Carlos@burruezolaw.com E-mail address: (to be used for future annual report notification)					
•		ryer, and some	· `		
For further information	concerning this matter, please of	call:	41 A. 4	ALLA Albana	
	J. Burruezo, Esq.		754-2904	12 F	
Name	of Person	Area Code & Daytime	e Telephone Number	HASS	71
Enclosed is a check for	the following amount:	,		0 PM	TILE
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Series O	Ö
					·

MAILING ADDRESS:

TÓ:

Registration Section

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optima Services	of Orlando, L	LC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea: Liability Company)	rs on our records.	•	
The Articles of Organization for this Limited Liability Company Florida document numberL0900012240			and assigned	
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			李潔 最 工	
(Principal office address MUST BE A STREET ADDRESS)			5 T	
Enter new mailing address, if applicable:	P.O. Box 590	236	E STA	
(Mailing address MAY BE A POST OFFICE BOX)		ida 32859-0236	a m •	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter (</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	L			
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	olete performance provided for in Cl	of my duties, and I c hapter 608, F.S. Or,	am familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove 72
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	FEBIO MISSINE AHASSEE: FLORIDE AHASSEE: FLORIDE
			H I: O4 ELORIDA
			- -
Dated	January 31 , 20	2012 Conspans	
	Signature of a membe	er or authorized representative of a member	
		os J. Burruezo, Esq.	··········

Page 2 of 2

Filing Fee: \$25.00