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(Address)

(Address)

(City/State/Zip/Phone #)

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2010 AUG 30 PM 3:19
TALLAHASSEE, FLORIDA
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: optime vision group
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:

MARCOS CABRAL
Name of Person

OPTIME VISION GROUP
Firm/Company

4005 NW 114 AV SUITE 8
Address

DORAL, FLORIDA 33178
City/State and Zip Code

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

FILED
2010 AUG 30 PM 3:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

marcos cabral at (305) 436-8434
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

optime vision group

(A Florida Limited Liability Company)

Page 1 of 2

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>	<u>Address</u>	<u>Type of Action</u>
mgr	Rima Cabral	4092 pinewood lane weston florida 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 08/23/2010, _____.

Marcos Cabral
Signature of a member or authorized representative of a member

Marcos Cabral
Typed or printed name of signee