L090000037784

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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A. LUNT
AUG 31 2010
EXAMINER



500184026645

08/30/10--01024--022 **25.00



Office Use Only

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ЕСТ:		e vision group ted Liability Company	<u> </u>		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	condence concerning this matter	to the following:			
			MARCOS CABRAL Name of Person			
OPTI		PTIME VISION GROUP Firm/Company		2018 AUG 30	į į	
		400	05 NW 114 AV SUITE 8 Address		ASSEE PLOS	
		, <u>D</u> 0	City/State and Zip Code		्र इंक्र	Sale Sur
		Macase E-mail address: (ophime Vision. Com	eation)	·	
For fur	ther information	concerning this matter, please of	all:			
		narcos cabral of Person	at (305) Area Code & Daytime	136-8434 Telephone Number		
Enclos	ed is a check for	the following amount:				
₽ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
	h					

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

opt	ime vision group	_		
OPT - (<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now app a Limited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on _	03/23/09	and a	ıssigned
Florida document number	-786	·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company	<u>here</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	mpany," the designation	"LLC" or th	e abbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)	*** **********************************	-1 23	
	 	f-	- F. 455	Et Patron.
Enter new mailing address, if applicable:		 26 5 5 5	AUG 30	
(Mailing address MAY BE A POST OFFICE BOX)		٨. ميني	E P	177
		7.7 7.2	်္ဂို့ ယ့်	A comment
			₩ 2	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		n our records, enter	the name	of the nev
registered agent and/or the new registered office au	uress nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida _		
	City		Zip Co	ode

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 608, 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 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

<u> Title</u>	<u>Name</u>	Address	Type of Action
ngr	Rima Cabral	4092 pinewood lane weston florida 33178	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>	Constitution of the consti	_¶Add _∏Remove — G
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	Add Remove
			_
_			
Dated	08 23 2010	·	_
	Signature of a mer	mber or authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00