

L09000064033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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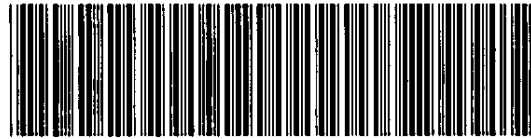
(Business Entity Name)

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10 JUL 13 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 14 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Optimum Capital Partners 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:

Joseph Haymore

Name of Person

United Capital Fund, LLC

Firm/Company

4532 W. Kennedy Blvd Ste 320

Address

Tampa, FL 33609

City/State and Zip Code

jhaymore@unitedcapitalreo.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deanna Aliano

Name of Person

at (772)

626-3815

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2010

JOSEPH HAYMORE
UNITED CAPITAL FUND, LLC
4532 W. KENNEDY BLVD. STE 320
TAMPA, FL 33609

SUBJECT: OPTIMUM CAPITAL PARTNERS, LLC
Ref. Number: L09000064033

FILED
10 JUL 13 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OPTIMUM CAPITAL PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the 2nd page of application that has to be signed by a member or authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00015858

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Optimum Capital Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/1/09 and assigned
Florida document number LO9000064033

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4532 W. Kennedy Blvd

(Principal office address **MUST BE A STREET ADDRESS**)

Suite 320

Tampa, FL 33609

Enter new mailing address, if applicable:

Same

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tim B Wright Esq

New Registered Office Address:

1002 SE Monterey Commons Blvd. Suite 100

Enter Florida street address

Stuart

City

Florida

34998

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUL 13 PM 3:40
CLERK OF STATE
TAMPA, FLORIDA

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

Address Change:
Abundance Holdings LLC & Journey Holdings LLC
4532 W. Kennedy Blvd Sk 326 Tampa, FL 33609

Dated _____

Signature of a member or authorized representative of a member

Joseph Haymore
Typed or printed name of signee