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TALLAHASSEE, FLORIDA

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T. CLINE
SEP 13 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Bridge Homes, 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:

Kelly Simpson
Name of Person

Red Bridge Homes, LLC
Firm/Company

24600 S Tamiami Trail #212, Suite 325
Address

Bonita Springs, FL 34134
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Simpson at (239) 694-7400
Name of Person Area Code & Daytime Telephone Number

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Red Bridge Homes, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/1/10 and assigned
Florida document number L10000011426.

This amendment is submitted to amend the following:

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

Optima Advisors, LLC
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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27499 Riverview Center Blvd,
Suite 223
Bonita Springs, FL 34134
24000 S Tamiami Trail, #242
Suite 325
Bonita Springs, FL 34134

**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:

Keith Campbell

New Registered Office Address:

27499 Riverview Center Blvd, Suite 223

Enter Florida street address

Bonita Springs

Florida

34134

City

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

Title	Name	Address	Type of Action
MGRM	Theodore B. Muffic		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Drewett		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Keith Campbell	27499 Riverview Center Blvd Suite 223 Bonita Springs, FL 34134 * change address	<input checked="" type="checkbox"/> Add * only changing address <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 _____


Signature of a member or authorized representative of a member
Keith Campbell
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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