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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

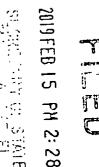
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R. WHITE TO SEE



COVER LETTER

Division of Co	rporations				
	US 801 N.W. 47TH AVE. I. I.	.L.C.			
	Name of Lim	ited Liability Company			
•					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lawrence S. Klitzman, Es	quire			
		Name of Person			
	Klitzman Law Group, PLI	.C			
		Firm/Company			
	1301 International Parkway, Suite 120				
		Address			
	Sunrise, Florida 33323				
	-	City/State and Zip Code			
	LSK@Kltizlaw.com				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please co	all:			
Krisia Del Prado		305 608-7136			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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:

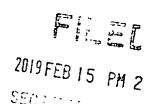
TO:

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



OPTIMUS US 801 N.W. 47TH AVE. I, L.L.C.

company has been notified in writing of this change.

(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 $\frac{11/24/2010}{1}$ _____ and assigned Florida document number 1.10000122099 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 contain the words "Lumited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) 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: New Registered Office Address: Enter Florida street address 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 turther 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

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
·			🗅 Add
			□ Remove
			Change
			
			☐ Remove
			☐ Change
			□ Add
			Change
			
		🗆 Remove	
			Change
			Add
		Remove	
			Change
			Add
		☐ Remove	
			🗆 Change

MGR	Krisia Del Prado
	18901 SW 106 Ave, Suite 104
	Miami, FL 33157
-	
	
<u>ote:</u> If the date i	other than the date of filing:
record speci The 90th day	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of after the record is filed.
	02/14/2019
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Page 3 of 3

Filing Fee: \$25.00