

L12 000015978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

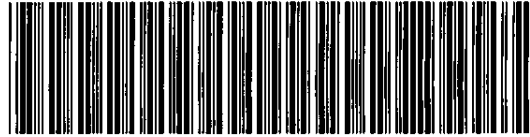
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/12--01044--024 **25.00

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2012 FEB 20 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 21 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

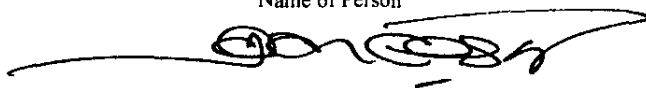
SUBJECT: OPTIMA SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE ORTIGOSA

Name of Person



Firm/Company

3530 MYSTIC POINTE DR #1415

Address

AVENTURA, FL 33180

City/State and Zip Code

jortigosa@urbanabuilders.com

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

For further information concerning this matter, please call:

Jorge Ortigosa

Name of Person

at (561)

319 6883

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

2012 FEB 20 PM 11:04
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

OPTIMA SERVICES, 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 02/02/2012 and assigned
Florida document number L12000015978.

This amendment is submitted to amend the following:

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

OPTIMA SUPPLY, 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)

16320 W. Dixie Hwy

North Miami Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16320 W. Dixie Hwy

North Miami Beach, FL 33160

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:

16320 W. Dixie Hwy

Enter Florida street address

North Miami Beach

City

, Florida

33160

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>	<u>Type of Action</u>
		16320 W. Dixie Hwy North Miami Beach, FL 33160	<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 February 17, 2012

Signature of a member or authorized representative of a member

JORGE ORTIGOSA

Typed or printed name of signee

FILED
12 FEB 20 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA