## L12000031239

(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
`	•	,
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Eiling Officer	
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12 MAR -9 AM II: 10

## **COVER LETTER**

TO:	Registration Section Division of Corpora	n ntions	•, :	2	τ <b>ο</b> 1	**************************************	\$ .
CHIDII	ЕСТ:	OPTIM	IA MDC	LLC		•	
SUDJI	ECI:	Name of Limi					
The en	nclosed Articles of Ame	endment and fee(s) are sub	mitted for fi	ling.			
Please	return all corresponder	ace concerning this matter	to the follow	ving:			
	_			A Jovel			
			Name (	of Person			
			OPTIMA I	MDC, LL(	С		
	_			Company		· · · · ·	
		1	141 NW 3	36TH Stre	eet		
	_			dress			
				FL 33127			
			-	and Zip Code			
		E-mail address: (1	o be used for	2@aol.co future annual	m report notificati	ion)	
For fu	rther information conce	rning this matter, please c	all:				
	Lenin Name of Per	A Jovel	at (_	786)		9 2817 elephone Number	
	Name of Per	SOII		Area Cou	e & Dayume 16	reprione Number	
Enclos	sed is a check for the fo	llowing amount:					
<b>\$</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee of fied Copy tional copy		Certified C	of Status &

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

FILED 12 MAR -9 AM II: 10

OP	TIMA MDC, LLC	TATIONELLA	A) OF STATE
OP ( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.	SEE, FLORIDA
The Articles of Organization for this Limited Liability	Company were filed on	03/05/2012	and assigned
Florida document numberL12000031239	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	,.,		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	ress
		, Florida	
	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

<u>Title</u>	Name	Address	Type of Action
MGR_	Nancy Y Garcia Severino	1141 NW 36TH Street Miami FL 33127	Add Remove
MGR_	Victor A Mojica Santos	1141 NW 36TH Street Miami FL 33127	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			12 MAR -
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Dated	Miami, March 7 , 201	<u>2</u> .	<b>10</b>
	feel so	<b>✓</b>	
		or authorized representative of a member	
	Typed o	enin A Jovel r printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00