

L12000063118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A

Office Use Only

B. KOHR
NOV - 5 2012
EXAMINER



500241401595

11/02/12--01006--024 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV - 2 PM 2:35

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPTIMUM GLOBAL RESOURCES, LLC
Name of Limited Liability Company

FILED
12 NOV -2 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

DANIELLE M. CARLSON
Name of Person

OPTIMUM GLOBAL RESOURCES
Firm/Company

1419 84th Ave. N.
Address

ST. PETERSBURGH, FL 33702
City/State and Zip Code

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

For further information concerning this matter, please call:

DOROTEA DE GUIA / DR. D. CARLSON at (727) 512 9720 / 727 24-2838
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 HDN -2 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OPTIMUM GLOBAL RESOURCES, 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 5/10/2012 and assigned Florida document number L12000063118

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:

(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

_____, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DOROTEA DE GUIA	1419 84th Ave. North St. Petersburg, FL 33702	<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 October 29, _____, 2012

Dorotea de Guia
Signature of a member or authorized representative of a member
DOROTEA de GUIA
Typed or printed name of signee