# L14000176527

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FILING CANCELLED RETURNED CHECK

12/17/15--01006--005 \*\*25.00



DEC 1 7 2015 J SHIVERS

### **COVER LETTER**

TO: Registration Section , Division of Corporations	•!	
SUBJECT: OPTIGROW LL Name of Limite	d Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
Briana L	Almerico Name of Person	
OPTIGROW	LLC Firm/Company	
1108 E Chelse	Address	
Toupa PC	33603 City/State and Zip Code	
brianaalme	be used for future annual report notification)	
For further information concerning this matter, please call		
Briana L Aluerico	at (813) U10 - 7282  Area Code Daytime Telephone Number	
name of Person	Mea Code Daytine Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Securificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Certificate of Certified Copy (additional copy	f Status & py

#### **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

## TO ARTICLES OF ORGANIZATION OF

10

### FILING CANCELLED RETURNED CHECK

OPIGKOW L	<b>-</b> C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. .iability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400017.0533</u> This amendment is submitted to amend the following:	111,210	014 and assigned
A. If amending name, enter the new name of the limited liabile.  OPTIGROW Consulting The new name must be distinguishable and contain the words "Limited Liabile."	LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Principal and 1	nalling address
(Principal office address MUST BE A STREET ADDRESS)	Stay the Same	e. J
Enter new mailing address, if applicable:	( )	1,
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		15 OEC 17 PHIZ SECRETARY OF S
	City Title	2 2 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 605, 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.

f Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member

### FILING CANCELLED RETURNED CHECK

<u>Title</u>	Name	Address	Type of Action
MGR	Joanna Tan	430 Forestway Cir Unit 302	
		Unit 302	Remove
		Altamonte Springs, PC:	3270 Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change

1 "
FILING CANCELLED
RETURNED CHECK
HAS TO
E. Estactive data if other than the data of fillings
E. Effective date, if other than the date of filing: (optional) (optional) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.
Dated December 14, 2015.
$\frac{1}{2} \frac{1}{2} \frac{1}$
Signature of a member or authorized representative of a member
Driana L. Morico Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00