L15000189 167

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRITARY OF STATE
ANASSEE, FLORIDA

MAR 25 2016 J. HARRIS

COVER LETTER,

TO: Registration Division of C	Section Corporations	
	BPO, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Michael J Carroll Jr	
	Name of Person	
	Optimal BPO, LLC	
	Firm/Company	
	5328 Locksley Ave	
	Address	
	Orlando, FL 32810	
	City/State and Zip Code	
	mikejcarrolljr@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informatio	n concerning this matter, please call:	
Michael J Carroll Jr	321 420-3131 at ()	
Nam	e of Person Area Code Daytime Telephone Number	
Enclosed is a check fo	r the following amount:	
□ \$25.00 Filing Fee	■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Optimal BPO, LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000189167</u> .	pany were filed on 11/09/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15 HAR 24 PI
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	City , Paorid	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Orlando, FL 32839	Remove
			□ Change
			Add
		•	☐ Remove
			□ Change
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	specifies a delayed h day after the rec		e, but not a	n effective tin	ne, at 12:01 a	.m. on the earlier of $\frac{8}{16}$
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_		Signature of mer	mher or authorize	d representative of	a member	STATE LORID

Page 3 of 3

Filing Fee: \$25.00