

L16 000096328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

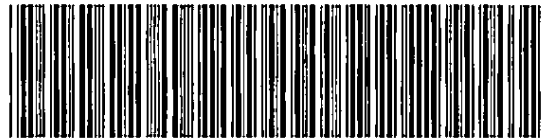
(Document Number)

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Special Instructions to Filing Officer:

Received:  
08/02/2021

Office Use Only J. C.  
08/05/21



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2021

DANNY DARWISH  
200 S.E. 2ND STREET  
SUITE 600  
FORT LAUDERDALE, FL 33301

SUBJECT: OPTIONS REALTY TEAM LLC  
Ref. Number: L16000096328

We have received your document for OPTIONS REALTY TEAM LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 521A00016132

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OPTIONS REALTY TEAM 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:

DANNY DARWISH

\_\_\_\_\_  
Name of Person

OPTIONS REALTY TEAM LLC

\_\_\_\_\_  
Firm/Company

200 SE 2nd STREET STE 600

\_\_\_\_\_  
Address

FORT LAUDERDALE FL 33301

\_\_\_\_\_  
City/State and Zip Code

danny@optionsrealtyteam.com

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

For further information concerning this matter, please call:

Danny Darwish

954 803-9777  
at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

OPTIONS REALTY TEAM 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 05/17/2016 and assigned  
Florida document number L16000096328.

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 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 ADDRESS)**

200 SE 2nd Street Ste 600

Fort Lauderdale FL 33301

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

200 SE 2nd Street Ste 600

Fort Lauderdale FL 33301

**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:

DANNY DARWISH

New Registered Office Address:

200 SE 2nd Street Ste 600

*Enter Florida street address*

Fort Lauderdale

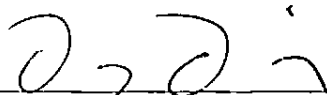
*City*

Florida 33301

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIANA GONCALVES	2300 W 84th ST STE 113	<input type="checkbox"/> Add
		HAIALEAH FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANNY DARWISH	200 SE 2nd Street Ste 600	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11-20

(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)(b)

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 JULY 26, 2021

x Adnan Gamal Signature of a member of

Signature of a member or authorized representative of a member

ADRIANA GONCALVES

Typed or printed name of signee

**Filing Fee: \$25.00**