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JAN 13 2017 S. YOUNG 17 JAN 12 PH 12: 27

COVER LETTER

TO: Registration S Division of Co		•		
SUBJECT: O	Otimum Home Name of Lim	Services, LLC ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	<u>Matther</u>	S. Crimes Name of Person		
	<u> </u>	Firm/Company		P Q
	2922 En	npire Church Ro	А	で観
		City/State and Zip Code		T JAN 12 PH 12: 27
	E-mail address: (1995 @ 061. Corto be used for future annual report notif	ication)	27
For further information of	concerning this matter, please ca	all:		
Mathews S Name of	. Gimes of Person		r Telephone Number	
Enclosed is a check for t	he 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 Stat Certified Copy (additional copy is en	
MAIL	JNG ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPtimom	Home Services, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 12 30 2016 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	17. 年間 ・
(Mailing address MAY BE A POST OFFICE BO	0X)
	72 65
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
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 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
MBR	Matthew & Grimes	2922 Empire Church Rd	Add
		GOVERNOU FL 34736	□ Remove
			Change
			🗆 Adđ
		 	Remove
		 	Change
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			🗆 Add
			□ Remove
			Change

Adding	matthew Gimes as	mBR. When
<u> </u>	Matthew Grimes as	incorrectly.
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		<u></u>
		17 JAN 12
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effective date is listed, the da	n the date of filing: te must be specific and cannot be prior to date of filing or more his block does not meet the applicable statutory filing re the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605 equirements, this date will not be liste
ecord specifies a de ne 90th day after the	layed effective date, but not an effective time e record is filed.	e, at 12:01 a.m. on the earli
d 01/09/2	Signature of a member of authorized representative of a	a member
	- 	

Page 3 of 3

Filing Fee: \$25.00