

L17000002035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

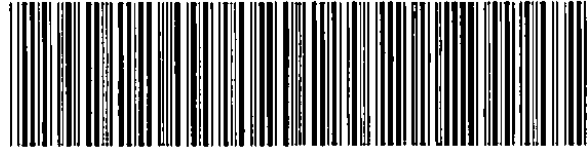
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

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100398250871

SECRET
TALLAHASSEE, FL

2023 JAN -6 AM 10:14

FILED

100398250871



6 AM 9:53

Registration Section
Division of Corporations

SUBJECT: OPT TU BASE LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Janie Brown
Name of Person

OPT TU BASE LLC
Firm/Company

2045 Biscayne BLVD #248
Address

Miami FL 33137
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Payment 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

TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 JAN -6 AM 10:14

OPR TO BADE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 01/03/2017 and assigned
document number L17000002035

amendment is submitted to amend the following:

amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2045 Biscayne Blvd #298
Miami FL 33137

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2045 Biscayne Blvd #298
Miami FL 33137

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

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 understand 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

moved from our records:

R = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S Diamond Leonard	1415 NW 15th AVE	<input type="checkbox"/> Add
	Miami FL 33125	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
- Jamie Brown	79 NW 4th St	<input type="checkbox"/> Add
	Miami FL 33127	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
R Jamie Brown	2045 Biscayne Blvd #298	<input checked="" type="checkbox"/> Add
	Miami FL 33137	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (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)(b)

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.

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 is filed.

ated 01/06/2023

Signature of a member or authorized representative of a member

Jamie Braun

Typed or printed name of signee