H17000006861

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2021

DIANA VILLAMIL 11758 GRAY ROCK TRAIL WINDERMERE, FL 34786

SUBJECT: OPTIMA INTERNATIONAL REALTY LLC

Ref. Number: L17000006861

We have received your document for OPTIMA INTERNATIONAL REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. 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.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 121A00020974

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OPTIMA INTERNATIONAL	REALTY LLC
Name of Limited Liab	ility Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fe	ollowing:
DIANA	VILLAMIL ame of Person
N	ame of Person
OPTIMA INTERNA	TIONAL REALTY LLC
11758 GRAY RI	OCK TRAIL Address
WINDERMERE	FL 34786
•	•
E-mail address: (to be use	_ @ YAHOO . COM d for future annual report notification)
For further information concerning this matter, please call:	
DIANA VILLAMIL	at (A07) 235 - 5813 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
2	55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &
	additional copy is enclosed) Certified Copy (additional copy is enclosed)
V. V.	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMA INTERN	ATIONAL KEALTY LL
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Corforida document number <u>L1700006861</u>	mpany were filed on 1/09/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
DIANA VILLAMIL L	<u> </u>
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	PISE TO
Principal office address MUST BE A STREET ADDRE	· · · ·
Enter new mailing address, if applicable:	SSEE, FINANCE
(Mailing address MAY BE A POST OFFICE BOX)	171
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	Florida
	, Florida

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 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
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
			□ Add
			□Ke:nove
			□Add
			Remove
			□Change
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			ClChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	September 7 2021 Signature of a member or authorized representative of a member
	DIANA VILLAMIL
	Typed or printed name of signee