## 117000050070

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS



600396331226

10/31/22--01009--021 \*\*25.00



## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: OPPMAX INTE	PARTION PL CONSULTING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fe	re(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ESTI	Name of Person
OPTIMA	Y INTERNATIONAL CONSULTING LLC Firm/Company
10651	SW 113 PLACE, APT A
MIAMI	1 FL 33176 City/State and Zip Code
<u>rivera</u>	eton E gwan). Wm will address: (to-be used for future annual report notification)
For further information concerning this matt	ter, please call:
DAUL RIVERA  Name of Person	at (805) 635-7214  Area Code Daytime Telephone Number
Enclosed is a check for the following amour	nt:
SS25.00 Filing Fee ☐ \$30.00 Filing Certificate (	
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

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

	City	Zip Co	Kie'	
	, Florida _	· -		
	Enter Florida street address	) 22 17	25	
New Registered Office Address:		n <sub>u</sub>	##   <del>                                    </del>	<u> </u>
Name of New Registered Agent:		- π · · · · · · · · · · · · · · · · · ·		
gent and/or the new registered office address here:		AHASS	0CT 31	
3. If amending the registered agent and/or registered office :	address on our records, enter the nai	⇒∽ ne of the	22 new reg	istered
Mailing address MAY BE A POST OFFICE BOX)	<u></u>		<del></del>	<del>.</del>
Enter new mailing address, if applicable:				
				<del></del>
Principal office address MUST BE A STREET ADDRESS)	<del></del>			<del></del>
Enter new principal offices address, if applicable:				
ALIGNMENT, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation	"L.L.C."	_
A. If amending name, enter the new name of the limited liah				
This amendment is submitted to amend the following:				
Norida document number <u>L 17000500</u> 70				
The Articles of Organization for this Limited Liability Company	were filed on MAPCH 3, 201	$\frac{1}{2}$ and	assigne	d

## 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			[JAdd
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Remove

_	
-	
_	
_	
-	
-	
-	
_	
_	
-	
_	
_	
_	
-	
_	
_	
an cili lote:	ve date, if other than the date of filing:
i is fil	
ated	OCTOBER 24, 2022.  EATHER Collection  Signature of Member or authorized representative of a member
, uicu	
, aica	Esther Zeled-

Filing Fee: \$25.00