L17000050153

(Re	equestor's Name)	
(Ad	dress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	



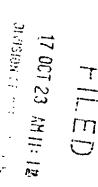
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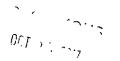
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COVER LETTER

	Registration Se Division of Cor			
endire.	Options Glo	obal LLC		
SUBJEC	Г:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Natali Olajumoke		
			Name of Person	
		Options Global LLC		
			Firm/Company	
		999 Brickell Bay Drive Su	ite 101	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		alexeyrenaldo@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please ca	all:	
Natali Ola	ajumoke		786 219-9028 at () Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Options Global LLC			
(<u>Name of the Limited Lia</u> (A Flo	hility Compan rida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L17000050153}{L17000050153}$ This amendment is submitted to amend the following	·	vere filed on 3/6/2017	and assigned FIL.
A. If amending name, enter the new name of the l	imited liabil	lity company here:	, ω i
The new name must be distinguishable and contain the words "I	Limited Liabilit	ty Company," the designation "LLC" or to	
Enter new principal offices address, if applicable:		Bay Dowe 999 Brickell Areane Suite 101	÷, 69
(Principal office address MUST BE A STREET AD	DRESS)	Miami, FL 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Bay Baive 999 Brickell Azzenie Suite 101 Miami, FL 33131	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	• .		ter the name of the new
Name of New Registered Agent:	tali Ölajumok		
New Registered Office Address: 999		The Suite 101	
		Enter Florida street address	
Mis	ami	Florid:	a 33131
		City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		

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
MGR	Abdel Tawil	8000 West Drive Apt 626	
		Miami-Beach, FL 33141	■ Remove
		<u> </u>	□ Change
		D Add	
		Remove	
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	<u></u>	<u> </u>	
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		23
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E. Effective date, if other than	the date of filing:	or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in th	must be specific and cannot be prior to date of filing is block does not meet the applicable statutory to Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 (3) filing requirements, this date will not be listed as the
f the record specifies a delable). The 90th day after the	yed effective date, but not an effecti- record is filed.	ve time, at 12:01 a.m. on the earlier of:
October 17	2017	
	Raisen	
	Signature of a number of authorized represent	tative of a mombur

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00