# 11700142538

(Requestor's Name)
(Address)
(1881.555)
23333
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Co			
AMD OP	TI, LLC		
3000000	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeff Harrington		
	- <del></del>	Name of Person	<del></del>
	Harrington Legal Allianc	е	
		Firm/Company	
	100 S. Olive Avenue		
		Address	
	West Palm Beach, FL 33	3401	
		City/State and Zip Code	
	jeff@myhlaw.com	to be used for future annual report notif	igntion
For further information	concerning this matter, please co	•	ication
Jeff Harrington		561 253-6690 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMD OPTI, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records ida Limited Liability Company)	<u>,                                    </u>
The Articles of Organization for this Limited Liability Florida document number L17000142538	Company were filed on 06/30/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>8</b> VIO
(Principal office address MUST BE A STREET ADD	ORESS)	<b>三</b>
		- <del>-                                  </del>
Enter new mailing address, if applicable:		PH -
(Mailing address MAY BE A POST OFFICE BOX)		F. 08
		<del></del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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
			☐ Remove
			□ Change
			Remove
			Change
			Remove
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an effective date is listed, ote: If the date inserte	than the date of filing: the date must be specific and cannot d in this block does not meet the on the Department of State's	t be prior to date of filing or more thar e applicable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.0 rements, this date will not be listed
e record specifies The 90th day afte	a delayed effective date, r the record is filed.	but not an effective time, a	at 12:01 a.m. on the earlier
ated	Juan 11. 20	018	
	Chy Me	or authorized representative of a me	

Page 3 of 3

Filing Fee: \$25.00