

17000142538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

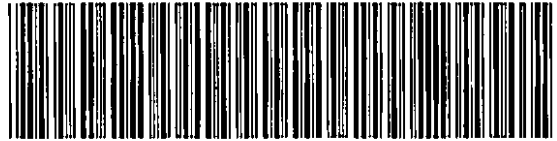
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Two Doc

Office Use Only



800316144908

07/30/18--01035--005 \*\*25.00

FILED  
18 AUG 29 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

AUG 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2018

HARRINGTON LEGAL ALLIANCE  
JEFF HARRINGTON  
100 S OLIVE AVE.  
WEST PALM BEACH, FL 33401

SUBJECT: AMD OPTI LLC  
Ref. Number: L17000142538

We have received your document for AMD OPTI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please file an amendment or a "AMENDED AND RESTATED ARTICLES", not both together. If you choose amended and restated, please title documents "AMENDED AND RESTATED ARTICLES".

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 418A00016350

\* Amendment attached.

- JH

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMD OPTI, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JEFF HARRINGTON

\_\_\_\_\_  
Name of Person

HARRINGTON LEGAL ALLIANCE

\_\_\_\_\_  
Firm/Company

100 S. OLIVE AVENUE

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33401

\_\_\_\_\_  
City/State and Zip Code

JEFF@MYHLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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**

**FILED**  
**18 AUG 29 AM 7:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

AMD OPTI, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/30/2017 and assigned  
Florida document number L17000142538.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If 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

City, **Florida** 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>   | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|---------------|------------------------|--|
| MGR          | Donald Redman | 15755 Ocean Breeze Ln. | <input checked="" type="checkbox"/> Add    |
|              |               | Wellington, FL 33414   | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |
| MGMR         | Donald Redman | 15755 Ocean Breeze Ln. | <input type="checkbox"/> Add               |
|              |               | Wellington, FL 33414   | <input checked="" type="checkbox"/> Remove |
|              |               |                        | <input type="checkbox"/> Change            |
| MBR          | Maria Grant   | 4828 E. 300 N. Street  | <input type="checkbox"/> Add               |
|              |               | Franklin, IN 46131     | <input checked="" type="checkbox"/> Remove |
|              |               |                        | <input type="checkbox"/> Change            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input type="checkbox"/> Remove            |
|              |               |                        | <input type="checkbox"/> Change            |

18 AUG 89 AM 7:10  
FILED  
TALLAHASSEE, FLORIDA  
RECEIVED  
STATE

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

Please record the Amended Articles attached hereto.

*omitted*

FILED  
18 AUG 29 AM 7:15  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

**E. 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.

If the 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 record is filed.

Dated July 26 2018

*Jeffrey Harrington*

Signature of a member or authorized representative of a member

Jeffrey Harrington, Esq.

Typed or printed name of signee