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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Name of Limited Link	Opticel UC	
	I MALIC III I JIMIICO I 130	nulti Compone	

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:

ibadie Firm/Company <u>4715 SW 112th Terrace</u> Address <u>Miami, FL 331</u>96 33/96 tate and Zip Code E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>757</u>) <u>609</u> <u>1597</u> 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

. ART	TCLES OF AMENDMENT	
ARTI	TO CLES OF ORGANIZATION OF	2017 NOY -2 AM 11:26
(Name of the Limited	<u>Hobile</u> <u>Defical</u> <u>LLC</u> . <u>A Florida Limited Liability Company</u>)	AH 11:26
The Articles of Organization for this Limited Liab Florida document number <u>L170001954</u>	bility Company were filed on 50/20/20/2	and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A	le:	te abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on our records, <u>ente</u> address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
New Registered Agent's Signature, if changing Regist	, Florida,	Zip Code

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>	Name	Address	Type of Action
MGR	Yoel Sibadie	14715 SW 112th Terrace Higmi, FL 33196	Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 Lionday	Detaber 30th, 2017.
7	12.1
	Signature of a member or authorized representative of a member
	Vool Sibalie
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00