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(Re	questor's Name)
(Ad	idress)	
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(Cir	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

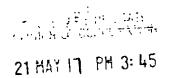
Registration Section

TO:

Division of Corp	oorations		
OPTION 1.			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	FERNANDO HUAMANI		
		Name of Person	
	OPTION 1, LLC		_
		Firm/Company	
	5431 NW 30 AVE.		
		Address	
	MIAMI, FL 33142		
	DEVOENDOUBTOVALI	City/State and Zip Code	
	REXSENDCOURT@YAH E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all:	
FERNANDO HUAMAN	ч	786 3703619	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
P.O. Box 632 Tallahassec, l			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OPTION 1, 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 Co.	mpany were filed on 01/16/2019	and assigned	
Florida document number L17000234856	<u>-</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	·	Zip Code	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, ent as provided for in Chapter 605	and I am familiar with and 5. F.S. Or, if this document is	

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 Albert Land Charles

21 MAY 17 PM 3: 45 Type of Action Address Title Name 5431 NW 30 AVE., MIAMI, FL 33142 AMBR FERNANDO HUAMANI _____ Change ____ __ ___ ___ ___ Add _____ Change

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ffective date, if other than the date of f	05/13/2021 iling:		(optional)	
ffective date, if other than the date of fi an effective date is listed, the date must be specific	e and cannot be prior to date	of filing or more than '	20 days after filing.) Purs	uant to 605.0207
tote: If the date inserted in this block does not becoment's effective date on the Department	of State's records.	raturory ming reduce	ments, this date will i	for oc fisted as
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record specifies a delayed effective date, but	not an effective time, a	12:01 a.m. on the e	arlier of: (b) The 90tl	h day after the
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		- (VIII).	•	
Signature (of a member or authorized	representative of a mer	nber	· ——