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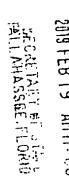
(Requ	uestor's Name)	
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COVER LETTER

Division of Co		•	ి. మర
OPTIMAL	, GREEN SOLUTIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ر ا
Please return all corresp	ondence concerning this matter	to the following:	
	PETER KOVACIC		
		Name of Person	
	OPTIMAL GREEN SOLU	JTIONS, LLC	
		Firm/Company	
	3505 LAKE LYNDA DR.	SUITE 118	
	Address		
	ORLANDO, FL 32187		
	IHAB@MARYOS.CA	City/State and Zip Code	
	E-mail address: (to be used for fixture annual report notific	cation)
For further information	concerning this matter, please ca	all:	
IHAB BOTROS		905 206-9411 EX	T 222
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	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TO	- 2
ARTICI	ES OF ORGANIZATION	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	OF	
	VI	records.)
		D. F. O
OPTIMAL GREEN SOLUTIONS, LLC		
(Name of the Limited L	iability Company as it now appears on our lorda Lunited Liability Company)	records.)
(A F	ionda Eminea Erabinty Company)	200
The Articles of Organization for this Limited Liabil	it. C	and assigned
		and assigned
Florida document number L18000009476		
This amendment is submitted to amend the following	រត់:	
	At 12 132 132	
A. If amending name, <u>enter the new name of the</u>	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	<u> </u>	
(Principal office address MUST BE A STREET A	DDDFCC	
(Frincipal office dataress STOST DL A STRULT A	[PPRE33]	
12 A construction of days the small mobiles		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or	• •	ecords, enter the name of the new
registered agent and/or the new registered office	address nere:	
Name of New Registered Agent:		
rane in the regiment regent.		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida steen	address
-		Florida
	Сііу	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	BORIS GLAMOCAK	83 DUBRICK CRES	■ Add
		KITCHENER, ON N2E 4A7	D n
			
			☐ Remove
			Change
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			Change

	
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(If an effective Note: 11	e date, if other than the date of filing: (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	February 13th 2019
	Till the state of
	Signature of a member or authorized representative of a member
	PETER KOVACIK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00