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(Requestor's	Name)
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Certified Copies Cer	tificates of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
ento II	OPTREUM			
SUBJI	ECT:		ited Liability Company	 -
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres p o	ndence concerning this matter	to the following:	
		ALEX CUEVAS		
		-	Name of Person	
		OPTREUM LLC		
			Firm/Company	
	1701 GREEN ROAD SUITE C			
	Address			
		DEERFIELD BEACH, FL	ORIDA 33064	
			City/State and Zip Code	
		ACUEVAS@OPTREUM.C		
			to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ea	nil:	
ANTH	ONY KOGAN		561 843-0219	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 Filing Fec	□ \$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, F1. 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

OPTREUM LLC			
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited L	iability Company v	were filed on FEBRUARY 22, 2018	and assigned
Florida document number L18000047304	 ·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	lity company here:	
The new name must be distinguishable and contain the v	ords "Limited Liabilit	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		18 V
(Principal office address MUST BE A STREE	T ADDRESS)		
			RPOF S
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			r the name of the ne
		•	
Name of New Registered Agent:	DMD DREAM F	HOLDINGS, LLC	
New Registered Office Address:			
		Enter Florida street address	_
		, Florida _	
		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, thereby 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
MGR	AR Healthcare Holdings, LLC	4680 DOLPHIN DRIVE	
		LAKE WORTH, FL 33463	■ Remove
			Change
MGR	DMD Dream Holdings, LLC	1701 GREEN ROAD STE C	∃ Add
		DEERFIELD BEACH, FL 33064	Remove
			Change
	•		
			
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		100	□ Add
			Remove
			☐ Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more to tee: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605,02 quirements, this date will not be listed
record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
ted <u>MAY</u> 29 TH 2018.	
led 7777 & 7	
Signature of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00