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ALLAHASSEE FLORINA

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Doty	mum Core In	restuments		
1	Name of Limi	ted Liability Company		
	Amendment and fee(s) are sub-	·		
	Michael -	Name of Person		
	Optimum (13 LAND THE ENTRY	•	10 AUG
	EST Pine	Structure Court		6 20 I
	ZZ Ny Ciu.	FL 32779 City/State and /ip Code Z Z G y G 17 CO - (Co be used for future langual report notif	SA (cation)	JG 20 M B. 40
For further information c	oncerning this matter, please ca	il:		
Michocl De	of Person	at (3) 4) C(CC). Area Code Daytime	CHOÇ	
Enclosed is a check for t	he 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 \$ta Certified Copy cadditional copy is cr	atus &
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	nutions	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on o	ur records.)
The Articles of Organization for this Limited Liability Company were filed on $3 - 6$ Florida document number $L1800053373$.	
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	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	一层温度一
Enter new mailing address, if applicable:	20 A
(Mailing address MAY BE A POST OFFICE BOX)	ON E
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florada str	eet aidress
Cus	, Florida

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

Title	Name	Address	Type of Action
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	rective date, if other than the date of filing:	11
<u>No</u> :	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we have the statutory of t	
uoc	ument's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time, at 12.01 a.m. o	n the earlier
(b) T	he 90th day after the record is filed.	
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Page 3 of 3

Filing Fee: \$25.00