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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: OPTIMUM BUYETS LLC  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:  |
| Ariel Hernandez<br>Name of Person  |
| OPtimum Buyers LLC   |
| 7617 Brandywood cir  |
| Winter Park FL 32792  City/State and Zip Code  OPtimum Buyers LL Cogmail, Com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Ariel Hesnandez at (954) 294 9094  Name of Person Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$0.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OPTIMUM BUYE (Name of the Limited Liability Compa) (A Florida Limited)   | nry as it now appears on our records.)<br>Liability Company)  |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000113671}{}$ .  | were filed on $05/07/2018$ and assigned   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liab  | oility company here:  |
| The new name must be distinguishable and contain the words "Limited Liebi Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | lity Company," the designation "L.C." or the abbreviation "L.L.C."  111 North Orange Avenue  Suite 800 Orlando, FL  32801 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 111 North orange Avenue<br>Suite 800<br>Orlando, FL 32801   |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  |   |
| Name of New Registered Agent:  | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| New Registered Office Address:   | Enter Florida strevi address  |
|  | , 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, 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 = M<br>AMBR = A | lanager<br>Authorized Member |         |                    |
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| the date inserted in this block does not meet the applicable statutory filing requirements, this date wint's effective date on the Department of State's records. | ill not be lis | sted a                                  |
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| ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or<br>Oth day after the record is filed.   | n the earl     | lier (                                  |
| 07/1/2019   |                |   |
| Signature of a member or authorized representative of a member  |                |   |
| Ariel Hernandez   |                |   |

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Filing Fee: \$25.00