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Lame Jay

COVER LETTER _

TO: 'Registration Se Division of Co	porations	_	
SUBJECT:	Hima Manu	amunt Serv ted Liability Company	ces, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ca	V Mina Rama Name of Person	irez
		Name of Person	
	(Uptimar	
		Thirmar Firm/Company	
	18246	Address John Arenne Address John Fl. 6 City/State and Zip Code Trelations @ obe used for future annual report notifi	e
		Address	
	Sinn	y Isler, FL.	33160
	clien	Trelations @	optimar.com
	E-mail address: (1	o be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	dl:	
Carol	rina Rann're	$\frac{Z}{Z}$ at $\frac{30}{Area Code}$ $\frac{947}{Daytime}$	-0477
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
Ø \$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 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

FILED

Dimar	Mannet	2018 AUG 31 AM 11: 40
(Name of the Limited Liah	Illiv Company as it now appears o	2018 AUG 31 AM 11: 40 SELITETATIOF STATE TALLAHASSEE. FL
(XTA)	A co	. I 177H. 7712
The Articles of Organization for this Limited Liability Florida document number <u>L1800020472</u>	Company were filed on N^{ω}	WX 2 10h 2010 and assigned
Florida document number LISOU204 12	<u>l</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here	:
Optimax Manaa	gement Ser	nces, LLC
The new name must be distinguishable and contain the words "L	united Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.	•	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
The Windshift Course Transcar	Enter Floride	t 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, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	Argust 28th 2018
	Signature of a member ar stillhotized representative of a member
	Advium 66izer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00