

L19000017932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

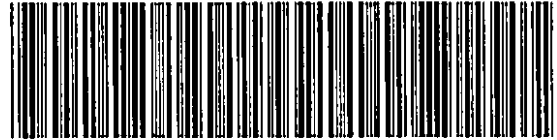
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/19--01010--001 **25.00

FILED
19 MAR 26 PM 4:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAR 26 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

REBEKAH CAMPBELL
OPTIMAL RESET, LLC
4875 SE ASKEW AVENUE
STUART, FL 34997

SUBJECT: OPTIMAL RESET, LLC
Ref. Number: L19000017932

We have received your document for OPTIMAL RESET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 219A00005804

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal Reset 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:

Rebekah Campbell

Name of Person

Optimal Reset LLC

Firm/Company

4875 SE Askew Avenue

Address

Stuart, FL 34997

City/State and Zip Code

support@drbeckycampbell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebekah Campbell

561

809-9805

at (_____) _____

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

☐ \$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**

Optimal Reset LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L19000017932.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Rebekah Campbell

New Registered Office Address: 4875 SE Askew Avenue

Enter Florida street address

Stuart

City

Florida 34997

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.

Rebekah Campbell

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>	<u>Type of Action</u>
MGR	BRADWAY, BRITTNEY	1462 SE ESCAMBIA CT	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Melissa Dillenkofer	29 Park Place #1702	<input type="checkbox"/> Add
		Hattiesburg, MS 39402	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Rebekah Campbell	4875 SE Askew Avenue	<input checked="" type="checkbox"/> Add
		Stuart, FL 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Rebekah Campbell
Signature of a member or authorized representative of a member

Rebekah Campbell

Typed or printed name of signee