

L19000048981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

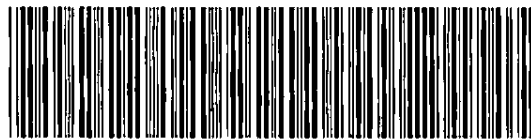
(Document Number)

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2019 MAR 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 25 AM 10:42

RECEIVED

JHS
3-26-19

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 674474 8259862

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : March 6, 2019

ORDER TIME : 9:29 AM

ORDER NO. : 674474-001

CUSTOMER NO: 8259862

DOMESTIC AMENDMENT FILING

NAME: OPTIMAL FINANCIAL RESOURCES,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OPTIMAL FINANCIAL RESOURCES, 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 02/19/2019 and assigned
Florida document number 1.19000048981.

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)

FILED
2019 MAR 25 AM 8:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

City, **Florida** 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>	<u>Type of Action</u>
AMBR	Laura O'Donnell	704 Hazelmoor Lane	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Ponte Vedra Beach, FL 32081	<input type="checkbox"/> Change
AMBR	Lauren O'Donnell	704 Hazelmoor Lane	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Ponte Vedra Beach, FL 32081	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
JUN 25 4 51 PM '09
CLERK OF COURT
JULIA H. SEIFERT

2019 MAR 25 AM 8:03
SEATTLE, WA
TALLAHASSEE, FLORIDA

2019 MAR 25 AM 8:00
DEPT OF ENVIRONMENT
TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 21 2019

James

Signature of a member or authorized representative of a member

Lauren O'Donnell

Typed or printed name of signee