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SECRETARY OF STATE TALLAHASSEE, FLORID

Y SULKER

OCT 2: 2019

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
	OPCION YO	O LITC			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of A	Amendment and fec(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Marina Riess			
		Name of Person			
		Firm/Company			
	20201 East Country Club Drive 2307 Address Aventura Florida 33180				
		City/State and Zip Code			
	F-mail address: (Marianamg01@icloud. to be used for future annual report			
For further information of	oncerning this matter, please ca		·		
Mariana Morales		_{at (} 561 ₎ 3	160061		
Name o	f Person	Area Code Da	ytime Telephone Number		
Enclosed is a check for the	ne 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)		
Registr	ING ADDRESS:	Registration Se			
P.O. B	on of Corporations ox 6327	Division of Co Clifton Buildin			
i allaha	assee, FL 32314	ZOOT EXECULIV	COMO CITOR		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPCION YO LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 04/29/2019 The Articles of Organization for this Limited Liability Company were filed on __ and assigned L19000115318 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OMANDAL LLC 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 o registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Act
		□ Remove	
			Change
			D Add
		□ Remove	
			☐ Change
			П Remove
			☐ Change
			Add
		□ Remove	
			Change
		Add	
		□ Remove	
			Change
			☐ Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
C. Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b). The 90th day after the record is filed.
Dated September 23, 2019 Www.andloadol
Signature of a member of authorized representative of a member Mariana Morales Typed or printed name of signee

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Filing Fee: \$25.00