(((H24000060938 3)))



H240000609383ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.	Doing so	will
generate another cover sheet.	206	•••

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPTIMUM DRIP SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON FEB 16 2024

Electronic Filing Menu

Corporate Filing Menu

Help

2ND REQUEST

Articles of Amendment to LLC Articles of Organization of

OPTIMUM DRIP SERVICES LLC	
The Articles of Organization for this Limited Liability Company were 11/04/2019 and assigned Florida document numb and assigned Florida document numb	filed on er
This amendment is submitted to amend the following:	
Change Tilte Authorized Person(s) Detail From CEO to Manager for Rafael Go	onzalez
Change Principal Address from 12229 CW 4489 Co. 1	
Change Principal Address from 13328 SW 113th Ct. Miami, Fl 33176 to	
12150 SW 128th Ct #104 Miami, Fl. 33186). Si
	
	<u> </u>
	·
hese articles of amendment were adopted on 02/13/2024	
hese articles of amendment were adopted on02/13/2024	 • -
ated02/13/2024	1
Signature of a member or authorized representative of amornber	
Rafael Gonzalez	
Typed or printed name of signee	
ew Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligation.	ons of the
	÷
Signature of New Registered Agent, if changing	<u> </u>