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(City/State/Zip/Phone #)	
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(Business Entity Name)	06/01/
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Optimized Saw Name of Lim	tcing Solutions I ited Liability Company	LL C.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roxanne	De Lisser Name of Person	
	Optimize	Eirm/Company	tions LL
	2106 Imper	ial Golf Course Address	Blud
		FL 34110 City/State and Zip Code	
	Amberdel E-mail address: (1	isser e amail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
R. de	f Person	at (239) 784 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S \$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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

(Name of the Limited I	d Sourcing Solutions, LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
(A)	Florida Limited Liability Company)
he Articles of Organization for this Limited Liabi	ility Company were filed on May 5th 2020 and assigned
forida document number <u>L 2000 1215</u>	<u> </u>
forida document number L & COOGTAT 5	
his amendment is submitted to amend the followi	ng:
a. If amending name, enter the new name of th	e limited liability company here:
he new name must be distinguishable and contain the word:	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
Principal office address MUST BE A STREET A	ADDRESS) ~ ~ ~
	
Inter new mailing address, if applicable:	<u> </u>
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>
	
	0
s. It amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the name of the new regis</u> <u>tere</u> :
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
<u> </u>	Enter Florida street address . Florid a

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.

.. amenting 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>	Address	Type of Action
AMBR	Roxanne De Lisser	2106 Imperial Golf (our	≥ E√Add
		Blvd, Napler FL 3411	
			□Change
MGR	Michael Porché	2106 elmperial Golf	(🗷 Add
		Course Blod	□Remove
		Course Blod Mapler, FL 34110	□Change
			🗀 Add
			□ Remove
			□Change
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effective	date is listed, the	date must be spec	citic and canno	t be prior to date	of filing or more t	han 90 days after	onal) filing.) Pursuant to 60	5.02
		on the Departme			itutory filing re	quirements, this	date will not be lis	ted :
	cifies a delayed	deffective date.	but not an ef	fective time, at	12:01 a.m. on t	he earlier of: (b)	The 90th day after	er th
s filed.								
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		<u> </u>	som	e de	his	مع	- -	
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