

170 000175864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 NOV -9 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 16 2020

Registration Section
Division of Corporations

ECT: OPTIEASY, LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Steve Romero

Name of Person

OptiEasy

Firm/Company

7631 Horse Lake Road

Address

Brooksville, FL 34601

City/State and Zip Code

fl@optieasy.com

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

Further information concerning this matter, please call:

Romero 787 567-9286

Name of Person at () 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

OPTIEASY LLC

2023 NOV -9 AM 6:59

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

(A Florida Limited Liability Company)

SECRETARY OF STATE

TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on June 24, 2020 and assigned
Florida document number L20000175864.

As amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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)

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

_____, Florida _____
City Zip Code

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

oved from our records.

= Manager

= Authorized Member

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Name

Address

Type of Action

Mildred E Hernandez

12156 Laramore St

SECRETARY OF STATE
TALLAHASSEE, FL

☐ Add

Spring Hill, FL 34601

☒ Remove

☐ Change

☐ Add

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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

Effective date, if other than the date of filing: _____ (optional)

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)

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.

ie 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
ord is filed.

Dated November 6th, 2020



Signature of a member or authorized representative of a member

William Toledo

Typed or printed name of signee