LZO 000175864

| (Requestor's Name) | | | |
|--|---|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | _ | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| rtified Copies Certificates of Status | - | | |
| pecial Instructions to Filing Officer: |] | | |
| | l | | |
| | l | | |
| | l | | |
| | l | | |
| | | | |
| | _ | | |

Office Use Only



200354793342

11/09/20--01012--024 **25.00

2023 NOV -9 AM 6: 59

O SIMMONS DEC 1 6 2020

Registration Section **Division of Corporations**

| OPTIEASY ECT: | Y. LLC | | | | |
|------------------------|--|---|---|--|--|
| | Name of Lim | ited Liability Company | | | |
| nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| return all correspo | ondence 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@opticasy.com E-mail address: (| to be used for future annual report n | otification) | | |
| rther information e | oncerning this matter, please c | · | , | | |
| Romero | | 787 567-9286 | | | |
| Name o | f Person | Area Code Dayt | ime Telephone Number | | |
| sed is a check for the | he 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

OPTIEASY LLC

2023 NOV -9 AM 6: 59

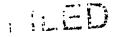
| (A Florida L | imited Liability Compa | inv) officers in the seconds. |) - N T. (N. 1977) - April 1977 |
|--|--|---|------------------------------------|
| · | | TOTAL MILLS | OF CIAIE Securi |
| Articles of Organization for this Limited Liability Co. | mpany were filed or | 1 June 24, 2020 | and assigned |
| ida document number L20000175864 | . , | | |
| iga document number | ·· | | |
| s amendment is submitted to amend the following: | | | |
| If amending name, enter the new name of the limite | ed liability compan | v here: | |
| new name must be distinguishable and contain the words "Limite | ed Liability Company," | the designation "LLC" | or the abbreviation "L.L.C." |
| er new principal offices address, if applicable: | | | |
| ncipal office address MUST BE A STREET ADDRE | <u> </u> | | |
| | | | |
| | | | |
| er new mailing address, if applicable: | | | |
| iling address MAY BE A POST OFFICE BOX) | | | |
| anng dadress MAT BE A TOST OF FICE BOAT | | | |
| | . | | |
| If amending the registered agent and/or registered (| office address on a | ur racarde, antar ti | to name of the new wedgetores |
| nt and/or the new registered office address here: | mice address on o | ui records, enter ti | ie name of the new registered |
| | | | |
| Name of New Registered Agent: | | | |
| Than of the Wingstelled Figure. | | | |
| New Registered Office Address: | | | |
| | Entei | Florida street address | |
| | | , Flor | |
| | City | | Zip Code |
| Registered Agent's Signature, if changing Registered | Agent: | | |
| reby accept the appointment as registered agent an visions of all statutes relative to the proper and conept the obligations of my position as registered ageing filed to merely reflect a change in the registered upany has been notified in writing of this change. | nplete performanc ent as provided for | e of my duties, and in Chapter 605, F. | I I am familiar with and |
| | | | |
| | | | |

If Changing Registered Agent, Signature of New Registered Agent

gyen moni our recorus.

= Manager

:= Authorized Member



| <u>Na</u> | <u>ime</u> | Address 2023 NOV -9 AM 6: 59 | Type of Action |
|----------------|--------------------|---|----------------|
| M | ildred E Hernandez | 12156 Laramore St. SECTIONARY OF STATE TALLAMASSEEL. FL | CIAdd |
| | | Spring Hill, FL 34601 | ■Remove |
| | | | Change |
| - - | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | LIRemove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | . | Change |
| | | | □Add |
| | | · · · · · · · · · · · · · · · · · · · | □Remove |
| | | | ©Change |

| | Land Land |
|---|--|
| | 2023 NOV -9 AM 6: 59 |
| | SECALIAR OF STATE TALLACASSEE, FL |
| | |
| | |
| | , , , , <u> </u> |
| | |
| <u>. </u> | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | ······ |
| | |
| fective date, if other than the date of filing an effective date is listed, the date must be specific and other. If the date inserted in this block does not more ment's effective date on the Department of St | cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) eet the applicable statutory filing requirements, this date will not be listed as the |
| ecord specifies a delayed effective date, but not a is filed. | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ted November 6th, | 2020 |
| Signature of a m | nember or authorized representative of a member |
| William Toledo | , |
| | Typed or printed name of signee |