120000243911

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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2023 GCT 13 AH 9: 24

A. PARISHANI OCT 2 2 2023

COVER LETTER

	Paper, L.L.C.			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.		2023 OCT 13
Please return all corresp	ondence concerning this matter	to the following:		当
	Daniel Merino			† 7
	·	Name of Person		_
	Optimus Paper, L.L.C.			
		Firm/Company	_	_
	10761 NW 89th Avenue			
		Address		_
	Hialeah Gardens, FL 3301	8		
	dmerino@alliedtk.com	City/State and Zip Code		_
	_	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Alejandro Cusco		305 699-9312 at ()		
Name	of Person		e Telephone Numbe	er
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)	Certifie	ate of Status &

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

2023 CCT 13 Alt 9: 65

Optimus Paper, L.L.C.		٠
(Name of the Limit	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number L20000243911		ust 11, 2020 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre		ords, enter the name of the new registered
Name of New Registered Agent:	Daniel Merino	
New Registered Office Address:	10761 NW 89th Avenue	
-	Enter Florid	a street address
	Hialeah Gardens	, Florida
	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Change
			
			□Add 2023 □Remove □□□□Change
			□Change
			□ Remove
			□Change
			□ Add
			□ Remove
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			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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Effective date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applic locument's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective ti d is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Oated October 6 , 2023	·
Dated	orized representative of a member