

L210000108908

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TALLAHASSEE, FLORIDA

2024 MAR 19 AM 10:02

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TALLAHASSEE, FLORIDA

2024 MAR 19 PM 4:36

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimum Financial Solutions LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Alexander Perry
Name of Person

Optimum F.
Firm/Company

104 E Fowler Ave Ste 170
Address

Tampa FL 33612
City/State and Zip Code

Lifeproofing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Perry at (904) 450-3120
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Optimum Financial Solutions LLC

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

FILED
2024 MAR 19 AM 10:02

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/8/2021

and assigned

Florida document number L21000108908

This amendment is submitted to amend the following:

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

The 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:

104 E Fowler Ave Ste 170

(Principal office address MUST BE A STREET ADDRESS)

Tampa FL 33612

Enter new mailing address, if applicable:

104 E Fowler Ave Ste 170

(Mailing address MAY BE A POST OFFICE BOX)

Tampa FL 33612

B. 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:

Robert Gordon

New Registered Office Address:

104 E Fowler Ave Ste 170

Enter Florida street address

Tampa
City

Florida

33612
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.

Robert Gordon

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

_____ ☐ Change

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(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)

Dated March, 19th

Better Deal

Signature of a member or authorized representative of a member

BRITANY GHS

Typed or printed name of signee

Filing Fee: \$25.00