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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

Division of Co				
SUBJECT:	PIMUS LLE			
SUBJECT:	Name of Lin	nted Liability Company	- 	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter			
	Diego	Villeg a S Name of Person		
	.,	Name of Person		
	OPIM	US LLC DBA Lather		
		Firm/Company		
	31 Bentu	rate-Cir		2023 Ti
	Boynton D	City/State and Zip Code Reach, FL 33 City/State and Zip Code Reach Com to be used for future annual report noti	426	POSE CONTRACTOR
		City/State and Zip Code		• •
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	concerning this matter, please c			
) i e ga	Villegas	at (<u>678</u>) <u>457</u> Area Code Daytim	. 0381	
Name	of Person	Area Code Daytim	e Telephone Number	
inclosed 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)	Certificate of Certified Cop (additional copy	Status & y
Mailing Addre	·ss:	Street <u>Address:</u>		
Registration	Section	Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPIMUS LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21500185959</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" 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)		2073 FBD 27 PE	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ado	bess	
	, Florida		
	City	Zip Code	
St. 18 Co. Let al Chamber Challenging Davidsonal Agent	••		

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 amending 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>	Name	<u>Address</u>	Type of Action
46R	Diego Villegas Sierra	31 Bentwater Cir Bojnton Beach, FZ 33416	lAdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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. If the 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 record is filed. Dated 2/14/2023

Filing Fee: \$25.00