L21000236522

(Re	equestor's Name)	
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PICK-UP	■ WAIT	MAIL
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Office Use Only



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ALLAHASSEE, FLOS

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 0. P. T.	T. O. H. S. TRA	TRAINING AND ted Liability Company	STAFFING ILC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	EMC J.	PHUTPS Name of Person	
		Firm/Company	
	2297 ESTAT	F CIR Address	
	HAVARRE -	FL 3256(City/State and Zip Code 6 W K Dhoo Com o be used the future annual report not	
	ej Philipsis	6 (a) 4 0h00 com to be used the future annual report not	ification)
	neerning this matter, please ca		5.336
ERIC J- At	Person	at (<u>\$50</u>) 3 76 Area Code Daytir	ne Telephone Number
Enclosed is a check for the	following amount:		
T \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11/

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.)
The Articles of Organization for this Limited Liability C Florida document number $L210002365$	Company were filed on $\frac{5/2o/2/}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here: E 0 PT7 ON S LL C mited 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 ADD)	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new register
Name of New Registered Agent: En	21C J. PIIUFFS Z97 ESTAR CIR Enter Florida street address
	KAVARE Florida 32566 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 as cept 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, enter the title, name, and address of each person being addor removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title Name 2297 FORTE CIL NAVARIE # DADO MCR KARINA L. Phillips _____ □Remove _____ □Change bbA□

_____ □Remove _____ □Add ☐ Change ☐Remove Remove ☐ Change _____ □Remove ____ Change

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If an effective date Note: If the dat	if other than the date of filing:	05.0207 sted as 1
e record specific rd is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated	2-3. 2023. 5.). Ph. 4/10'	
	Signature of a member or authorized representative of a member	
	CRIC J- PHHLES Typed or printed name of signee	

Filing Fee: \$25.00

February 3, 2023

ERIC J. PHILLIPS 2297 ESTATE CIR NAVARRE, FL 32566

SUBJECT: O.P.T.I.O.N.S. TRADE TRAINING AND STAFFING LIMITED

LIABILITY COMPANY

Ref. Number: L21000236522

We have received your document for O.P.T.I.O.N.S. TRADE TRAINING AND STAFFING LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L13000123971.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 823A00002676

Anissa Butler Regulatory Specialist II

www.sunbiz.org