Fax: 18134365206

Division of Corporations

2/21/25, 4:10 PM

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LAW OFFICE OF BLISS M. PIVERGER, PLLC

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Feb 21, 2025 01:13 To: ~18506176383 Page: 2/4 Fax: 18134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LAW OFFICE OF BLISS M. PIVERGER, PLLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file	ed on 09/20/2021 and assigned
Florida document number L21000414432	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Optima Law PLLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	25 F
	E
E-to- now positive address if applicables	<u> 2</u> _
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	最高 5
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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.

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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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
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Typed or printed name of signee