## LZZ 000097673

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Y. SCOTT APR 2 3 2022

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of C	orporations				
SUBJECT:	OPT PLUS, L	·LĆ	,		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limit	ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.			
Please return all corres	pondence concerning this matter t	o the following:			
	ALEJA	Name of Person			
		Name of Person			
	J UKT	PLUS, LUC Firm/Company		2022 A SECR TAI	_
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				m W	)
	PINCOA, MIFIP E-mail address; (1	O COMAL COM	fication)		
For further information	n concerning this matter, please ca	ıll:			
MEDMORL	PINCOA	at (SPS) 467 - (Daytin	US29		
Nam	e of Person	Area Code Dayun	ie Teiepnone Numbei	-	
Enclosed is a check for	r the following amount:				
전 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
<u>Mailing Add</u>		Street Address:			
Registratio	n Section	Registration So Division of Co			
P.O. Box 6	Corporations 327	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10121 1003,		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	g as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number \( \subseteq \tau 200097673 \).	vere filed on <u>(12/24/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
PINEDA GROUP INVESTMENTS	LLC	
The new name must be distinguishable and contain the words "Limited Liability		obreviation "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)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	dress on our records, enter the nam	SECRETARY OF STATES the new registere
	T21 - 2-1	
	Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am j ovided for in Chapter 605, F.S. Or.	familiar with and if this document is

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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a <u>05/28</u>		<u>2022</u>	<u>-</u> -· :				
	Signature of	f a member or aut	iorized represent	ative of a mem	ber		
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