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Certified Copies	_ Certificates	of Status
Special Instructions to	Filipa Offices:	
Special instructions to	rining Officer.	

Office Use Only



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SIGN OF CORPORATION

OF CORPORATION

T. MATTHEWS

## **COVER LETTER**

Division of Çor			
ØPTIMAL	MOTION AND MOVEMENT	r. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LISA SENSABAUGH		
		Name of Person	
	NCH Registered Agent		
		Firm/Company	
	4730 S. Fort Apache Rd. S	ite 300	
		Address	
	Las Vegas, NV 89147		
		City/State and Zip Code	
	jhaughney89@gmail.com E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca		
James Haughney III		407 415-8400	
Name (	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	X: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CLUME TARY OF STATE OF STATE OF STATE OF CORPORATION

22 MAY 12 PM 12: 44

OPTIMAL MOTION AND MOVEMENT, LLC

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

The Articles of Organization for this Limited Liability Company Florida document number <u>L22000165905</u> .	were filed on $\frac{4/6/2022}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	. enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida stre	et address
	City	Florida
lew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete		

ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change. NIA

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>	Name	<u>Address</u>	Type of Action
MGR	Parina Joshi	9513 DELANEY CREEK BLVD. #322	<b>=</b> Add
		TAMPA, FL 33619	□Remove
			□Change
	<del></del>	<del></del>	
			□Remove
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lf an effecti <u>Note:</u> Ti't	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AP	RIL 28 2022
	TIM
	Signature of a mymber of authorized representative of a member
	JAMES HAUGHNEY III