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Registration Section

FO:

Division of Corporations	
UBJECT: OPTIMISTIC &	SECURITY SOMODI.
he enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.
lease return all correspondence concerning this matte	er to the following:
	1
- Marck	Ensen Limage
OPTIMIST	ic security school
ns ne 1	29th Street
North M	Address City/State and Zip Code
optisschool Co	Mail Complete annual report notification)
r further information concerning this matter, please of	call:
lardenson Limape	at (786) 907 6800
Name of Person	Area Code Daytime Telephone Number
closed is a check for the following amount:	
□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida L	mited Liability Company)
The Articles of Organization for this Limited Liability Conflorida document number 122003854	inpany were filed on 101112027 and assigned 3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
OPTIMISTIC SERIT	SERVICES LLC
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4529 SW 1221 Terraco
<u>Principal office address MUST BE A STREET ADDRES</u>	sis Miramar, FL 33025
Inter new mailing address, if applicable:	4529 SW 112th Terrace
Mailing address MAY BE A POST OFFICE BOX)	Hiramar, FL 33025
	<u>uinit 109</u>
If amending the registered agent and/or registered or gent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	122 O 222
	Enter Florida street address
	Florida
B	City Zip Code
ew Registered Agent's Signature, if changing Registered A	
covisions of all statutes relative to the proper and comp except the obligations of my position as registered agen	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is effice address. I hereby confirm that the limited liability
<u>ıı</u>	Changing Registered Agent, Signature of New Registered Agent

orized to manage, enter the title, name, and addres	s of each person being adde
Address	Type of Action
	□Remove
	Change
	□Remove
	□Change
	□Add
	□Remove
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). If amo	ending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)
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(II an effect Note: 1:	te date, if other than the date of the date is listed, the date must be speced the date inserted in this block does not's effective date on the Departme	ilic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 s not meet the applicable statutory filing requirements, this date will not be listed as the
ne record ord is filed	specifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	10/11/2022	· ————·
	Signatur . \	e of a member or authorized representative of a member
	<u> </u>	Meon Limage
		Typed or printed name of signee

Dilling Com. 635 00