

L23000036089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

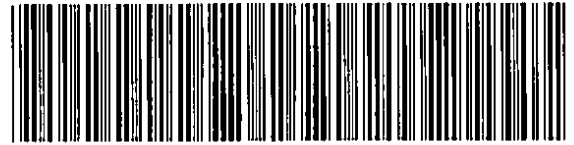
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2002 JUN 23 PM 12:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2023

ALON MELAMED
AAG REI LLC
223 GOLDENROD DR
SAINT AUGUSTINE, FL 32092 US

SUBJECT: OPTIMA RE LLC
Ref. Number: L23000036089

We have received your document for OPTIMA RE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

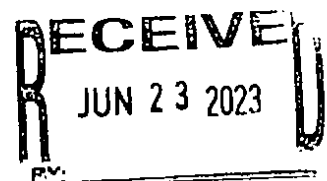
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 223A00013119

2023 JUN 23 PM 12:06
DATE
FILE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPTIMA RE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALON MELAMED

Name of Person

AAG REI LLC

Firm/Company

223 Goldenrod Dr

Address

Saint Augustine, Florida, 32092

City/State and Zip Code

alon@aag.co.il

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alon Melamed

954 9936577
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

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**

OPTIMA RE 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 were filed on 01/19/2023 and assigned

Florida document number L23000036089

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

223 Goldenrod Dr, Saint Augustine, FL, 32092

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

223 Goldenrod Dr, Saint Augustine, FL, 32092

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALON MELAMED

New Registered Office Address:

223 Goldenrod Dr

Enter Florida street address

Saint Augustine

City

Florida 32092

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.

118k
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>	<u>Address</u>	<u>Type of Action</u>
MGR	AAG REI LLC	223 Goldenrod Dr, Saint Augustine, FL, 32092	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	EREZ LEIBOVITZ LEVY	SENE MOSHE 28, HAIFA, IL, 349126, IL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	URI HAGAY	HAYARDEN 9, GIVAT ELA, IL, 3657000, IL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	M&I REALTY LLC	103 STARBRIGHT DR, AUSTIN, TX, 78745, US	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YAKIR SOTSKY	IFTAH AGILADI 3/20, KIRYAT GAT, IL 8207501, IL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013 JUN 23 PM 12:06

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 19, 2023

118K

Signature of a member or authorized representative of a member

Alon Melamed

Typed or printed name of signee

2009 JUN 23 PM 12:07