

L23000081185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 APR 19 PM 4:08  
STATE  
FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Optimal Essence 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:

Elizabeth Cartaya  
Name of Person

Optimal Essence LLC  
Firm/Company

9951 Atlantic Blvd STE 322  
Address

Jacksonville, FL 32225  
City/State and Zip Code

Optimalesenceservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Cartaya  
Name of Person

at ( 904 ) 581-3962  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Optimal Essence 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 Feb 14, 2023 and assigned Florida document number L23000081185.

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:**

**(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 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:

Elizabeth Cartaya

New Registered Office Address:

9951 Atlantic Blvd STE 522

Enter Florida street address

Jacksonville

City

Florida

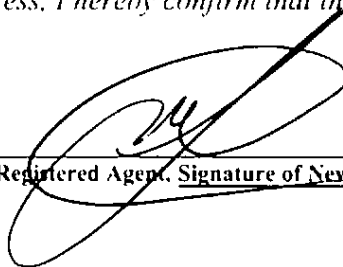
32225

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.*

**If Changing Registered Agent, Signature of New Registered Agent**



Title	Name	Address	Type of Action
AMBR	Leyinska Gutierrez	445 monument Rd	<input type="checkbox"/> Add
		445 monument Rd	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32225	<input type="checkbox"/> Change
MGR	Elizabeth Cartaya	9951 Atlantic Blvd #322	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elizabeth Cartaya	9951 Atlantic Blvd #322	<input checked="" type="checkbox"/> Add
		Jax, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Leynska Gutierrez have decided to remove herself from the LLC. Optimal Essence LLC has not operated yet AS of today 4.14.23 and will not begin operating for another month. If any further information is required or needs to be verified please contact Leynska Gutierrez at 904.450.9116 email: lgutierrez@icloud.com or @leynstagutierrez@outlook.com Elizabeth Cartaya 904.5813962 US/cartaya@yahoo.com.

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FILE

**E. Effective date, if other than the date of filing:** Feb 14, 2023 (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 April 14<sup>th</sup> 2023

Signature of a member or authorized representative of a member

Elizabeth Cartaya

Typed or printed name of signer