L73000166013

	(Re	questor's Name)	
·	(Add	dress)	
	(Add	dress)	
	(City	y/State/Zip/Phon	e #)
F	PICK-UP	☐ WAIT	MAIL
	(Bus	siness Entity Nar	ne)
	(Doc	cument Number)	
ertified Copi	es	Certificates	s of Status
Special Inst	ructions to F	Filing Officer.	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/06/2023	_	⇔WALK IN⇔
ENTITY NAME_Optimis	sm of the Sea, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXXX	Plain Copy Certified Copy Certificate of Status	2023 (C) -6 PA
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	Cr 20 40
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION	_
NUMBER OF CERTIFICA	TES REQUESTED	_
TOTAL OWED \$25	ACCOUNT #: I20160000072	
	S R FM	
Please call Tina at t	he above number for any issues or concerns. Thank you so m	ruch!

COVER LETTER

TO: Registration S Division of Co				
Optimism	of the Sea, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	*Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter	•		
	Amy Barnard			
		Name of Person		······································
	Unicorp National Develop	ments, Inc.		
		Firm/Company		2023
	7940 Via Dellagio Way, S	uite 200		2023 Gri
		Address		
	Orlando, Florida 32819			27. 27.
		City/State and Zip Code		<u></u>
	amy@unicorp.com			
		to be used for future annual r	eport notification)	
For further information of	concerning this matter, please c	all:		
Amy Barnard		407 999. at ()	-9985	
Name o	of Person	Area Code	Daytime Teleph	one Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enable		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section		dress: tion Section of Corporation	une.
P.O. Box 632			tre of Tallaha:	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMISM OF THE SEA, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our recor Liability Company)	'ds.)
The Articles of Organization for this Limited I Florida document number L23000166013		y were filed on APRIL 3, 2023	and assigned
Florida document number			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			123
		<u>-</u>	2023 Co.T
Enter new mailing address, if applicable:		N/A	<u>t</u>
(Mailing address MAY BE A POST OFFICE			
Mailing dudiess MAT BE A POST OFFICE	<u> </u>		7
		-	
B. If amending the registered agent and/or	registered office	address on our records enter	r the name of the new restrores
agent and/or the new registered office addre	ess here:	audi ess on our records, emer	the name of the new registered
Name of New Registered Agent:	N/A	·	
New Registered Office Address:			
	-	Enter Florida street addre	158
		F.	lorida
	•	City	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

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	Address	Type of Action
MGR	CW FAMILY, LLLP	7940 VIA DELLAGIO WAY	□Add
		SUITE 200	■Remove
		ORLANDO, FL 32819	□Change
MGR	CHARLES WHITTALL	7940 VIA DELLAGIO WAY	∃ Add
		SUITE 200	□Remove
		ORLANDO, FL 32819	Change
			□Remove
			□Chango
			☐ Remove C: Change
			Change
			🖸 Add
			□Remove
			□ Change
			🗀 Add
			□Remove
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ETT ec If an e	tive date, if other than the date of filing:	5.0207
Note	If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be list ment's effective date on the Department of State's records.	
uoc u	ment s effective date on the preparation of state's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after	e the
	nd specifies a delayed effective date, the fire all effective diffe, at 12.01 a.m. on the earlier of, (b) — the soon has an	i iiic
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Filing Fee: \$25.00