L23000306911

(Red	uestor's Name)	
(Add	iress)	-
(Add	iress)	
(City	/State/Zip/Phone	e #)
_		
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Glica Officar	
Special Instructions to r	ning Onicer.	
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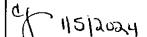




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12/18/23--01017--007 **25.00

2023[EC | 8 | PH 5: 06



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporutions		
SUBJECT:	Optimal Name of Lim	Home Bu	y45UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	May	co Padilla	
		imal Home B	iy45
	<u> </u>	ancoln Ed.	Suite 500
	info	Beach FL City/State and Zip Code Description of the Capital Code	33139 al. net
For further information of	oncerning this matter, please ca	all:	·
MAY CO Name o	Padilla f Person		- 8923 c Telephone Number
Enclosed is a check for the	ne 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 9 Division of C P.O. Box 632	Section corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optimal Home Buyerslie	•
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/26/2023	PH 5: 06
The Articles of Organization for this Limited Liability Company were filed on	11. j
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: Marw Padilla	
New Registered Office Address: 1111 Uncoln Qd Suik STO Enter Florida street address	
Miani Beach, Florida 33139 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
AMBR	Maro Padilla	Miam Beach, FL 33139	_ tl Add
			□Remove
			DChange
			□Add
			□Remove
			_ Change
		_ □Add	
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			_ Change
			□Add
			_ □Remove
			_ Change
		_ 🗆 Add	
			_ Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ Change

	I need to add the authorized
	name as it is not showing
	in the records in Sunbiz. I am
_	the authorized person Marco Padilla.
_	
_	
_	
_	
_	
(If an effo	re date, if other than the date of filing:
he record ord is file	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 d.
	12.05.23
Dated_	

Filing Fee: \$25.00