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COVER LETTER

TO: Registration Se Division of Cor				
Optimus Or	ne Builders, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter			
	Eric Hicks			
		Name of Person		
	Optimus One Builders, LL	C		20 7
		Firm/Company		-759 PL
	18579 Obregan Dr			2024 JAH -3 SEGREDANS
		Address		
	Spring Hill, Fl 34610			PH 1: 25
	<u></u>	City/State and Zip Code		- msi 25
	erichicks@optimusonesolut			
	E-mail address: (to be used for future annual report n	otification)	
For further information of	concerning this matter, please ca	all:		
Eric Hicks		727 476-5126		
Name o	of Person	at () Area Code Dayt	ime Telephone Numb	<u> </u>
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certitie	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S		
Division of C	Corporations	Division of C	orporations	
P.O. Box 631	7.1	The Centre of	i rahanassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optimus One Builders LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u> 1
he Articles of Organization for this Limited Liability Company	were filed on 8/14/2023	and assigned
lorida document number [1.23000381221		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	w P
optimus One Solutions LLC		DZ4. TA
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	O" or the abbreviation="L.L.C."
nter new principal offices address, if applicable:	3762 18 Av So	
Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, Fl 33711	
		Company
		: 25 FL
nter new mailing address, if applicable:		1., 0.
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registe
che and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	
	FI	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 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	<u>Address</u>	Type of Action
CEO	Eric G. Hicks	18579 Obregan Dr.	
		Spring Hill, Fl 34610	□Remove
			□Change
			🗀 Add
			N ZE Remove
			Add — Add — Part Add —
			□Change
			□Remove
			□Change
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ffective date, if other than the fan effective date is listed, the date in	he date of fil nust be specific	ling: and cannot be pri	or to date of filir	g or more than 90	(optiona days after fili	il) ng.) Pur	suant to (505.0207
Note: If the date inserted in this locument's effective date on the	block does no	ot meet the appl	icable statutor	y filing requirem	ents, this da	ite will	not be l	isted as t
	·							
record specifies a delayed effec d is filed.	tive date, but i	not an effective	time, at 12:01	a.m. on the earl	ier of: (b)	The 90	th day a	fter the
	_	2023						
Dated	7)							

Typed or printed name of signee