## L23000404116

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(boothen Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				





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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMUM PROPERTY SERVICES LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on Aug Florida document number L23000404116	gust 28, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>'e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address. if applicable:	7.(12.3
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<del></del> 1
	9
Enter new mailing address if applicables	70 71
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ි</u>
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:	cords, enter the name of the new regist
New Registered Office Address:  Enter Floric	da street address
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Arianna de los Santos	550 Hassocks Loop, Lake Mary FL 32746	■Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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