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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lin	nited Liability Company	
r lease return all correspon	MICHAEL FURDOCK		
		Name of Person	- <del> </del>
	Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  Prespondence concerning this matter to the following:  MICHAEL FURDOCK  Name of Person  B OPTIMIZED, LLC  Firm/Company  3101 3RD AVE N UNIT 4604  Address  ST PETERSBURG FL 33713  City/State and Zip Code  MFURDOCK@ANNEXATIONPR.COM  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  CK  at (		
		Firm/Company	
	3101 3RD AVE N UNIT	4604	
	-	Address	·
	ST PETERSBURG FL 33	713	
		City/State and Zip Code	<del></del>
	<del>-</del>		<del>Carrie a</del>
For further information co			ication)
MICHAEL FURDOCK			
Name of	Person	Area Code Daytine	2 Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Maritima A. d. d. a		Common Addresses	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B OPTIMIZED, LLC

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) Inited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 8/31/2023	and assigned
Florida document number 1.23000409556		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the i	name of the new registers
Name of New Registered Agent:		
<del></del>	<del></del>	
New Registered Office Address:	Enter Florida street address	
	, Florida	a
<del></del>	City	Zip Code .
New Registered Agent's Signature, if changing Registered A	gent:	<u>, , , , , , , , , , , , , , , , , , , </u>
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered ocompany has been notified in writing of this change.	plete performance of my duties, and Le t as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
Ī	Changing Registered Agent, Signature of Nev	v 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>	<u>Name</u>	Address	Type of Action
MGR	RYAN SHAPIRO	3101 3RD AVE N UNIT 4604	□Add
		ST PETERSBURG FL 33713	■Remove
MGR	NICHOLAS MUCERINO	2659 COUNTRY LAKE TRAIL	<b>=</b> Add
		BOYNTON BEACH FL 33436	□ Remove
			□ Change
			🗀 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
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fective de	ate if other th	an the date of f	ilino:			(optional)	
an effective ( ote: If the	date is listed, the order date inserted in	date must be specific this block does r n the Department	e and cannot be pr not meet the app	ior to date of filing licable statutory	or more than 90 o	tays after filing.) Pu	rsuant to 605.0207 ( I not be listed as t
record spec is filed.	ifies a delayed	effective date, but	. not an effective	e time, at 12:01 a	.m. on the earli	er of: (b) The 9	Oth day after the
SEPT	EMBER 28		2023				
· ·							
_		Signature	a Chrone was as as as	the rized represent	ative of a membe		