L23 000 409 556

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

Division of Corpe				
SUBJECT:	B Opti	m ized	LLC	
		ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	lence concerning this matter t	o the following:		
		Michael Name of Person	FURDSLK	
		Firm/Company		_ _
	3/01	3rd A	ve N. #5	1604
	St. Poters	Address Lung F	L 337/3	>)
	MFURD 88@ G	City/State and Zip Co	ode) nual report notification)	_
For further information con	cerning this matter, please cal		icai report nonneation)	
. 0. 1 1 -	URBOCK	at (<u>305</u>) Area Code	484-945 Daytime Telephone No	1 Imber
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Copy (additional copy is	Cer	00 Filing Fee, tificate of Status & tified Copy
See highlig	jhted on le			itional copy is enclosed)
Mailing Address: Registration Sec	etion		t Address:	
Division of Cor			stration Section sion of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B Optimized LL	- C
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	8-31-23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here. FUR dock Enter Prises I C The new name must be distinguishable and contain the words "Limited Liability Company," the company is the company of the limited Liability Company, the company is the company of the limited Liability Company.	_
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 ragent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	ida street address
Emer Flor	iaa sireel aaaress
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Zip Coue
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in the control of	my duties and I am familiar with and

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>	<u>Name</u>	Address	Type of Action
MGR	Nicholas Muceeino	2659 Country Lake	trail □Add
		2659 Country Lake Boynton Beach, FL 33436	Remove
		33436	□ Change
			🗆 Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			🗆 Add
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			□Add
			□Remove
			□ Change

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on errect	e date, if other than the date of filing:
record s I is filed	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
ated	June 12, 2024
	Signature of a member or authorized representative of a member
	Michael Fue bock

Filing Fee: \$25.00 &
See First page (jetter) already fail \$52,5.