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





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01/19/24--01008--022 \*\*60.00



## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
		timization LLC				
SUBJECT:		Name of Limi	ited Liability Company	<del>.</del>		
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Georgio Young				
			Name of Person	<del>_</del>		
	Name of Person  Atfinity Optimization LLC  Firm/Company  4003 S WEST SHORE BLVD APT 2107  Address  Tampa, Florida, 33611  City/State and Zip Code gyoungfin@yahoo.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:					
			Firm/Company			
		4003 S WEST SHORE BL	VD APT 2107			
			Address	<del></del>		
		Tampa, Florida, 33611		r filing.  lowing:  me of Person  rm/Company  2 2107  Address  ate and Zip Code  for future annual report notification)   1 732		
			City/State and Zip Code			
				6		
Paul Cardhau I	C		-	i notification)		
		oncerning this matter, please ca				
Georgio Young						
	Name o	f Person	Area Code Da	sytime Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
	iling Addres gistration S		<u>Street Addres</u> Registratior			
Di	vision of C	orporations	Division of	Corporations		
P.0	D. Box 632	:7	The Centre	of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on 01/11/2024	and assigned
ability company here:	
bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
	•
	• •
e address on our records, enter th	e name of the new regis
	-
	<u></u>
-	
Enter Florida street address	
, Flori	daZip Code
	e address on our records, enter th

## 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>	<u>Name</u>	Address	Type of Action
MGR	Elijah Schleifer		_ □Add
		4003 S WEST SHORE BLVD APT 2107 TAMPA, F 330	L _ ≣Remove
		<del></del>	_ □Change
			_ 🗆 Add
		<del></del>	_ □Remove
			_ □Change
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blooking ment's effective date on the Department.	be specific and cannot be prior to ck does not meet the applical	o date of filing or more than ble statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	nt to 605.020 t be listed i
realition is effective date on the ise	Arthem of State 3 records.			
record specifies a delayed effective is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th o	day after th
January 17th	. 2024			
	Elijah S	Schloifor	ember	
•	Permane of a member of audior	mee representative or a m		

Filing Fee: \$25.00