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COVER LETTER

TO: Registration Division of C			
OPTIMI: SUBJECT:	ZR LLC		
JUDIECT:	Name of Lin	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	Jesus David Moises, Esq.		
		Name of Person	
	Moises Law, P.A.		
		Firm/Company	
	999 Ponce de Leon Blvd.,	. Suite 945	
		Address	
	Coral Gables, Florida 331	34	
	Cotal Gaoles, Piorida 331		
	jdmoises@moisesgross.cor	City/State and Zip Code	
		(to be used for future annual report notification)	
For further information	concerning this matter, please of	eall:	
Jesus David Moises		305 215-6455	
Name	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy: (additional copy is enclosed) Certified Copy: (additional copy is enclosed)	er () -
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

OPTIMIZR		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
ne Articles of Organization for this Limited Liability Compa orida document number <u>L25000108197</u> .	iny were filed on March 4, 2025	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
PTIMIZR LLC		
ne new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	ce address on our records, enter the nan	ne of the new registe
Name of New Registered Agent:		
New Registered Office Address:		元 为
	Enter Florida street address	11500 事
	, Florida	Zip Gode =
ew Registered Agent's Signature, if changing Registered Ager	nt:	77 0
		LE O

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			Change
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Effective date, if other than t f an effective date is listed, the date r	he date of filing:		(optional)	
fan effective date is listed, the date r Note: If the date inserted in this	nust be specific and cannot be p	prior to date of filing or more	han 90 days after filing.) P	ursuant to 605,0207 (3
document's effective date on the	Department of State's reco	rds.	quirements, this date w	iii not be listed as tr
record specifies a delayed effect	tive date, but not an effective	ve time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
d is filed.				[~]
March 18	2025			125 125 125
Dated		·		2025-NAR SEGRET
	(T) 70	Variant		7 20 TAR
	JU M	ouses		ر س س
	Signature of a nember or a	uthorized representative of a	member	OF STATE

Filing Fee: \$25.00