P08000012113

(Requestor's Name)
(Address)
(Address)
(1881.888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialities (1875)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
/ I have only

Office Use Only



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COVER LETTER

*TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Optimum Business	Consulting, Inc		_	
DOCUMENT NUM	IBER: P08000012113			_	
	es of Amendment and fee are sub	omitted for filing.			
Please return all corr	respondence concerning this mat	ter to the following:			
	Metin Colak				
		Name of Contact Person			
	Optimum Business Consulting	g. Inc			
		Firm/ Company			
	385 SW 16th St				
	Boca Raton, FL 33432				
		City/ State and Zip Code	:	-	
	ecolak@optimumbusinesscor	nsulting.com			
	E-mail address: (to be us	ed for future annual report	notification)	_	
For further informat Metin Colak	ion concerning this matter, pleas	se call: 312-622-300)2		
Evelyn Vargas		at (<u>305</u>	7768695	60 E	3
Name of Contact Person		Area Coo	de & Daytime Telephone N	lumber 2	ن د د د
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	Vumiber 7	ا آ ا
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Moiling Address		Street	Address		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Evelyn Vargas

385 SW 16th St

BOCA RATON, FL 33432

DIVISIONS OF CORPORATIONS

PO BOX 6327

TALLAHASEE FL 32314

Dear Florida Department of State,

I am writing this letter to express my gratitude for your prompt response to my recent request. I appreciate the effort you put in to assist me with my business-related matter.

I would also like to apologize for any inconvenience caused by the lack of information in my initial request. I understand that this may have added to your workload, and I am sorry for any additional effort required to clarify the details.

I am happy to inform you that I have reviewed the options you provided and have chosen the one that best fits my business needs. I am confident that this will enable my business to operate smoothly and successfully in the state of Florida.

Thank you once again for processing my request in a timely and professional manner. Your support has been greatly appreciated, and I look forward to continuing to work with the Florida Department of State.

Since rely,

Evelyn\Vargas

Cellphone:305-776-8695



March 23, 2023

METIN COLAK OPTIMUM BUSINESS CONSULTING, INC 385 SW 16TH ST BOCA RATON, FL 33432

SUBJECT: OPTIMUM BUSINESS CONSULTING, INC.

Ref. Number: P08000012113

We have received your document for OPTIMUM BUSINESS CONSULTING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 623A00006767

MAY 3 1 2023

www.sunbiz.org

Articles of Amendment to . Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	_ ,		
P08000012113			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	ilowing a	mendn	nent(s)
A. If amending name, enter the new name of the corporation:			
		he ne	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the at breviation "P.A."	reviation contain t	"Corp., the wor	 rd
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	7,50	2	
		23	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	- E	HAY	
Name of New Registered Agent	支 基	$\frac{\omega}{}$	1
name of the negative argen			
(Florida street address)	71.31.	ؽ	زير
New Registered Office Address:, Florida_		<u>ယ</u>	_
(Civ)	(Zip Cod	de)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pe	sition.		
	_		
Signature of New Registered Agent, if changing			
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		Evelyn L. Vargas	385 SW 16th St.
x Add		_		Boca Raton FL 33432
Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5)Change		. <u>—</u>		
Add				
Remove				
6) Change				
Add				
Remove				

<u>lf amending or adding add</u> Attach <i>additional sheets, if r</i>	itional Articles, enter necessary). (Be speci	cnange(s) here: fic)			
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If an amendment provides	for an exchange recl	assification, or car	cellation of issued :	shares.	
provisions for implement	ing the amendment if	not contained in t	he amendment itsel	<u>f:</u>	
(if not applicable, indi	cate N/A)				
				-	
-	<u> </u>				
					
,				-	
	·			_ 	

	09/30/2022	
The date of each amendment(s)	adoption:, i	f other than the
date this document was signed.	0/30/2022	
Effective date if applicable:	'	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shar	eholder
If The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
If The amendment(s) was/were a must be separately provided for	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendments):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
Metin Colak		
	(voting group)	
12/30/202 Dated	22	
Signature	Mttgelale,	
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Metin Colak	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	