P13000042107

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COVER LETTER

TO: Amendment Section

Division of Corp	porations			
	RATION: Optimum C		agement Inc	
DOCUMENT NUM	P1300004210			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Laraine Frahm			14.00
Name of Contact Person				
	Optimum Commu	unity Manageme	nt Inc	_ % o
Firm/ Company				PR
9924 Universal Blvd, Suite 244			— (2) (2) (3) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	
•	Orlando Elerido	Address		हुति द
•	Orlando, Florida,	City/ State and Zip Cod	0	_
		•	C	
<u>lar</u>	ainefrahm@hotma			
	, E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Laraine Frahm		at (407	, 4684050	
Name of Contact Person		Area Co	de & Daytime Telephone Num	ber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$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)	
Mailing Address		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 E	executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Optimum Community Managment Inc			
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
P13000042107			
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	amend	iment(s) to
A. If amending name, enter the new name of the corporation:			
		The r	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must c		
B. Enter new principal office address, if applicable:	9924 Universal Blvd		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 244		
	Orlando, Fl 32819		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Au To	14.00	
		9-6 H-6	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	PH 3: 5	J
Name of New Registered Agent Laraine Frahm	NA VIOLET	ထ	
9924 Universal E	Blvd Suite 244		
(Florida stree	,		
New Registered Office Address: Orlando, Florida	Florida 32819		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with			
Signature of New Registered Ag	gent, if changing		

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)

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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	1400T-6
		<u>.</u>	OCT OCT
X Add	<u>SV</u>	Sally Smith	HANNE TO F
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Kris Hoeylaerts	7557 West Sandlanke Roac
Add	,		Suite 186
Remove			Orlando, Fl. 32819
2) Change	Р	Laraine Frahm	9924 Universal Blvd
Add			Suite 244
Remove			Orlando, Fl 32819
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Cliange			
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,		
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:		
		•	
		•	

The date of each amendment	(s) adoption: September 30,2014	, if other than the
date this document was signed		
Effective date if applicable:	October 01, 2014	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,"	
•	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	200
Dated_9/30)/2014	COLUMN COLUMN
Signature(B	y a director, president or other officer – if directors or officers have not been	<u>د</u> ې
se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	უ დ
ар	ppointed fiduciary by that fiduciary)	3
	LARAINE FROMM	_
	(Typed or printed name of person signing)	
	President.	_
	(Title of person signing)	