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R. WHITE. MAR 0 4 2020 2020年3月0日3月0:57

COVER LETTER

TO:

Registration Section Division of Corporations

Opertum, I	LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michelle Perez-Macias		
		Name of Person	
	Macias, Weiss and Associa	ates	
		Firm/Company	
	1625 SE 46th ST, Ste. 5A		
		Address	
	Cape Coral, FL 33904		
·		City/State and Zip Code	
	Michelle@maciasweissacco	ountants.com	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Michelle Perez-Macias		239 549-2140 at ()	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 FED 10 FM 10: 51

Opertum, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L17000124916	ompany were filed on 06/07/2017	and assigned
rionda document number	<u>_</u> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add	ress
		ress Florida Zip Code
	City	

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	Nowicki, Jacek	154 SW 53RD Ter	= Add
		Cape Coral, FL 33914	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
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			Change
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			☐ Change

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Effective data if other than the	be specific and cannot be prior to	date of filing or more than 90 day	(optional) s after filing.) Pursuant to 605.0207
If an effective date is listed, the date must	ick does not meet the applicab		
If an effective date is listed, the date must Note: If the date inserted in this blo			is, this dute will not be listed as
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De erecord specifies a delayed effective	partment of State's records.		
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Dee e record specifies a delayed effective rd is filed.	partment of State's records.		
Note: If the date inserted in this blo document's effective date on the De de record specifies a delayed effective ord is filed. Dated February 4th	partment of State's records. e date, but not an effective tim	e, at 12:01 a.m. on the earlier	

Filing Fee: \$25.00