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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OPERA-G, INC.					
DOCUMENT NUMBER: K10878					
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mate	ter to the following:				
DUANE MATSON STDV					
	Name of Contact Person				
OPERA-G, INC	OPERA-G, INC				
	Firm/ Company				
PO BOX 175					
	Address				
POMPANO BEACH, FL 3	33061				
	City/ State and Zip Code				
sonatagp@att.net					
	ed for future annual report notification)				
E man address. (to be d.)	to the man report normality,				
For further information concerning this matter, please	e call:				
DUANE MATSON	at () 943-5991 cell: 9542421539				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation

OPERA GINC.				
(Name of Corporation	on as currently fil	ed with the Florida Dep	t. of State)	
K10878				
(Docum	nent Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Flor</i>	rida Profit Corporation a	dopts the following	; amendment(s)
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co"	'. A professional corpor		
B. Enter new principal office address, if applicable	<u>::</u>			26
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)		LECT	Ē m
	-	· · ·	子音	
	-		SS	<u> </u>
C. Enter new mailing address, if applicable:			in a	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>			<u> </u>
	_		27	<u> </u>
			>	
	-		·	
D. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter the nai	me of the	
	ome maness.			
Name of New Registered Agent				
	(Florida street a	address)		
New Registered Office Address:		_ .	, Florida	
	(Cit	v)	(Zip C	'ode)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the obligation	ns of the position.	
Sian	vature of New Regio	stered Agent, if changing		
Jiga.	and of hon negle	action of the country		

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.

X Change	<u>PT</u>	John Do	<u>ve</u>		
X Remove	V	Mike Jo	nes		
X Add	<u>\$V</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>	
I) Change	VD	_	ANITA MATSON	DECEASED 2-9-2018	-
Add					_
X Remove					-
2) X Change	STDV	_	DUANE MATSON		
Add					_
Remove					_
3) Change		_			_
Add					_
Remove					_
4) Change					
Add					_
Remove					_
5) Change		_			
Add					
Remove					-
6) Charge					
6) Change		_			-
Add					-
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
N/A				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	 -
	(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 bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
5-14-201	8	
DatedSignature	une Al Halson	
	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	DUANE MATSON	
	(Typed or printed name of person signing)	
	STDV	
	(Title of person signing)	