L08000047346

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T. HAMPTON

NOV -4 2008

EXAMINER



300137476853

11/04/08--01044--002 **25.00



OB NOV -4 PH 2: 17

ECRETARY OF STATE

FILED
08 NOV - 4 PM 2: 21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OPUS Property Group (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara Clem (Name of Person)
OPUS Property Group
P.O. Box 7661 (Address)
Tallahassee, F1 32314-7661 (City/State and Zip Code)
For further information concerning this matter, please call:
Barbara Clem at (850) 575-3655 (Name of Person) at (850) 575-3655
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M

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

The Articles of Organization for this Limited Liability Company were filed on 5/12/2008 and assigned

Florida document number LOBOOOM 47346

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Tallahussee, F1 32305

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	ida street address)
_	(City)	, Florida(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
 			Add Remove
			= n
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	OS NOV -
	<u> </u>		F PH 2:21
Dated	Barbara Cle Signature of a membe	208. r or authorized representative of a member em l or printed name of signee	≫ •

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Filing Fee: \$25.00