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| (Requ | estor's Name) |) |
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| (Addre | ess) | - <u></u> |
| (City/S | itate/Zip/Phor | ne #) |
| PICK-UP | | MAIL |
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| (Docu | ment Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
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| | | | COVER LETTER | |
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| TO: | Registration S Division of Co | | | . • • |
| CUDT | ECT. | | CAP LLC | |
| 5060 | ЕСТ: | Name of Lir | nited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are su | bmitted for filing. | |
| Please | e return all correspo | ondence concerning this matte | r to the following: | |
| | | | ЛМ BALL | |
| | | <u></u> . | Name of Person | |
| | | | Firm/Company | |
| | | | 1131 BAY CT | |
| | | | Address | |
| | | | DESTIN, FL., 32541 City/State and Zip Code | |
| | | | IM@DESTINSTARS.COM | |
| For fu | rther information c | concerning this matter, please o | (to be used for future annual repor call: | (notification) |
| | 111 | M BALL | 850 at () | 685-2925 |
| | Name o | of Person | | aytime Telephone Number |
| Enclos | sed 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 ADDRESS: Registration Section Division of Corporations | | Registration S Division of Co | orporations | |
| | | ox 6327 assee, FL 32314 | Clifton Buildi 2661 Executiv Tallahassee, F | e Center Circle |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OPI CAP LLC | | |
|---|---------------------------------|---------------------|
| (<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp | ppears on our records.) any) | |
| The Articles of Organization for this Limited Liability Company were filed o Florida document number | n12/02/2010 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compar | n <u>y here</u> : | |
| JIM BALL LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable: | the designation "LLC" or the | abbreviation.N.L.C. |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) | | |

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

| Name of New Registered Agent: | | |
|--------------------------------|------------------------|-----------|
| New Registered Office Address: | Enter Florida street a | ddress |
| | | . Florida |
| | City | Zip Code |

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

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 605, 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 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 |
|--------------|-------------|-----------|-----------------|
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| ctive date, if other than the date of filing: | 01/16/2018 | (optional) |

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | JANUARY 16 | 2018 | |
|---------------------------------|------------|--|--|
| | and and | 7 | |
| | Signat | ure of a member or authorized representative of a member | |
| | | ЛМ BALL | |
| Typed or printed name of signee | | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Page 3 of 3

Filing Fee: \$25.00