11000003348

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Pnone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
[AUG 3 1 2012						
L. SELLERS						

Office Use Only



400238776614

08/28/12--01004--005 **25.00

12 AUG 28 PH 2: 18
SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor		`	·,			
SUBJECT: OPPORTUNITY HOME VENTURES, LLC							
30 0 0			ed Liability Company				
The en	iclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please	return all correspo	ondence concerning this matter t	to the following:				
			Name of Person				
			·	_			
		OPPORTU	NITY HOME VENTURES, LLC Firm/Company				
			1 tine company				
		1200 PONCE	DE LEON BLVD. 2ND FLOO	DR			
			Address				
		COR	AL GABLES, FL 33134				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		AVALDE	ES@BFGROUPLLC.COM				
			be used for future annual report notification	n)			
For fu	rther information of	concerning this matter, please ca	ıll:				
			at ()				
	Name o	of Person	at () Area Code & Daytime Tel	ephone Number			
3							
Enclos	sed is a check for t	he following amount:					
\$2.	5.00 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)			
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPPORTUNITY HOM	<u>IE VENTURE</u>	S, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	<u>iy as it now appears</u> iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000057348	were filed on	05/12/2011	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	2 :		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Compar	ny," the designation "	'LLC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offegistered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of	f the new
Name of New Registered Agent:	 		ASS N	
New Registered Office Address:	Ent	er Florida street ad , Florida	CRITATION ALG 28	Later.
	City	, riorida	Tip Code	8 4 1
New Registered Agent's Signature, if changing Registered Agent:			FLORID	O

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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address Type of Action** VENTURES CONDO MGR 1200 PONCE DE LEON BLVD ☑ Add □ Remove MANAGEMENT, INC. 2ND FLOOR CORAL GABLES, FL 33134 MARIANNIE BOSCHETTI MGR 1200 PONCE DE LEON BLVD ☐ Add CORAL GABLES, FL 33134 ✓ Remove Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUGUST 15 2012 .

Signature of a member or authorized representative of a member

ODALYS BODE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00