L12000044084

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200226129212

04/03/12--01013--017 **25.00

SECRETARY OF STATE

N. Curren APR - 4 2012



Jennifer A. Watkins, ACP, FRP Certified Paralegal, Florida Registered Paralegal

> Akerman Senterfitt 125 Worth Avenue Suite 330 Palm Beach, FL 33480-4466

Tel: 561.659.8660 Fax: 561.659.8679

jennifer.watkins@akerman.com

April 2, 2012

VIA FEDEX

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

: Opera Partners, LLC – Document No. L12000044084

Dear Sir/Madam:

Enclosed for filing are Articles of Amendment to Articles of Organization of Opera Partners, LLC, together with our check in the amount of \$25.00. Please confirm filing to my attention at jennifer.watkins@akerman.com. Thank you for your assistance.

Sincerely,

Jennifer A. Watkins, ACP, FRP

Certified Paralegal, Florida Registered Paralegal

Cenneper de Warterais

JAW/bhs Enclosures

COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	FCT•	OPERA F	PARTNERS, LLC		
0000		 	ited Liability Company		_
		Amendment and fee(s) are sul	-		
Please	return all correspo	ondence concerning this matter	to the following:		
		JENNIF	ER A. WATKINS, ACI	P, FRP	
			Name of Person		
AKERMAN SENTERFIT			Т		
Firm/Company					
		125 W	ORTH AVENUE SUIT	E 330	
		·	Address		
		ALM BEACH FL 33480	0		
			City/State and Zip Code		
		JOHN.RA E-mail address: (AYMOND@AKERMAI to be used for future annual reports	V.COM ort notification)	_
For fur	ther information c	concerning this matter, please o	eall:		
	JENNII	ER A. WATKINS	at (_561)	659-8663	
	Name o	of Person		Daytime Telephone Nur	mber
Enclos	ed is a check for the	he following amount:			
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certi nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/C	COURIER ADDRESS	S:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 APR -3 ANII: 36

OP	ERA PARTNERS, LLC	SECRETARY OF STAT	Ę.
(Name of the Limited L	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	И
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	MARCH 30, 2012 and assigned	ed
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company he	<u>-e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the abbr	eviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of th	<u>1e new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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 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>	<u>Name</u>	Address	Type of Action
MGRM	Beverly and Marvin Miller Foundation, Inc.	17153 N.W. Ericarose Court Boca Raton, FL 33496	Add ✓ Remove
MGRM	The Rose Marie and Ted J. Miller Family Foundation Inc.	• 125 Worth Avenue Suite 330 Palm Beach, FL 33480	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)
			12 APR
Dated	April 2 , 201	کـ 0 1	ILED 3 MILES SSEE, FLORIDA
	Signature of a member of John J. Ray		
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00