## L12000141375

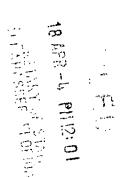
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J. LEGGETT APR 0 5 2018

## **COVER LETTER**

TO:	Registration Sec Division of Corp		** *** ***	غ.
SUBJE	OPERA 471	4, LLC		
SUDJE	C1.	Name of Limi	ted Liability Company	
The enc	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	ndence concerning this matter t	to the following:	
		Avi S. Tryson, Esq.		
		<del></del>	Name of Person	
		Goede, Adamczyk, DeBoe	st & Cross, PLLC	
		18.00	Firm/Company	
		2600 Douglas Road, Suite	717	
			Address	
		Coral Gables, Florida 3313	4	
			City/State and Zip Code	
		atryson@gadclaw.com		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (i	to be used for future annual report notific	ation)
For furt	ther information co	oncerning this matter, please or	all;	
Avi S.	Tryson		786 725-4923	
	Name o	f Person	Area Code Daytime	Геlephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	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

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

OPERA 4714, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 7, 2012 and assigned Florida document number \_\_\_\_L12000141375 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 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 Florida street address Florida 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 comp

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

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

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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		delayed effective the record is file		an effective tim	e, at 12:01 a.r	n. on the earlier
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