## L13000000311

(Ke	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>e</del> #)
PICK-UP	WAIT	MAIL
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SELACIANT OF STATE
DIVISION OF CORPORATIONS

13 MAY - 1 PM 3: 00

MAY - 2 2013 T. HAMPTON

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: <u>OPP</u>	ORTUNITIES C Name of Limit	ONE LLC ed Liability Company	
The enclosed Articles of A	mendment and fec(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>ARIEL FL</u>	PRMAN Name of Person	
		GROUP LLC	<del>,</del>
	1882 TYL	Firm/Company  ER ST.  Address	<del></del>
	HOLLY WOO!	) FL 33020	
	AFURMAN K E-mail address: (to	FL 33020 City/State and Zip Code APITAL 6 ROUPLLC Cook be used for future annual report notification	on)
For further information co	ncerning this matter, please ca		
ARIEL FUR Name of	Person	at ( <u>305</u> ) <u>503-175</u> Area Code & Daytime Te	6 elephone Number
Enclosed is a check for the	e 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)

TO:

**Registration Section** 

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



RECEIVED

13 MAY -1 AM 6: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 24, 2013

ARIEL FURMAN KAPITAL GROUOP LLC 1882 TYLER ST HOLLWYOOD, FL 33020

SUBJECT: OPPORTUNITIES ONE LLC

Ref. Number: L13000000311

We have received your document for OPPORTUNITIES ONE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 013A00009935

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPPORTUNIT	TES ONE LLC	
( <u>Name of the Limited 1.</u> (A F	iability Company as it now appears on o	ur records.)
The Articles of Organization for this Limited Lia Florida document number <u>L130000</u>	bility Company were filed on 01/02	· — — =
This amendment is submitted to amend the follow	wing:	PH 3
A. If amending name, enter the new name of t	the limited liability company here:	STAFE ARATIONS 3: 00
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re ce address here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
	Circ	, 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
MGR	MARTIN SAIDON	1882 TYVER ST.	_ X Add
		1882 TYVER ST. HOLLYWOOD, FL 3302	O Remove
			Add
			Remove
		******	— Arthi
			AD SECHO
			TARY OF CORP
			FILED TARY OF STATE OF CORPORATEONS
			Remove
			_
			Add
			Remove
			Add
			Remove
		<u> </u>	_

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1 1 20 +6
d	April 29/2, 2013
	H+11111011
	Signature of a member or authorized representative of a member  ARIEL TORMAN (MGR)  Typed or printed name of Signee
	Typed or printed name of Signer
	Page 3 of 3

Filing Fee: \$25.00