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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

D. BRUCE DEC 29 2016

### **COVER LETTER**

TO:	Registration Se Division of Cor				, . ¥+	
SUBJE		OF OPPORTUNATY LLC	en e	·		
SOBJE						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	eturn all correspo	indence concerning this matter	to the following:			
		ANDREW ARNOLD				
			Name of Person		_	
			Firm/Company		_	
8125 MONETARY DRIVE UNIT G5						
		•		_		
		RIVIERA BEACH FL. 33	404  City/State and Zip Code		2016 SEC TALL	
		ASSOCIATEDCORP@HC	DEC 27 DEC 27 DEC 27 DEC 27	TIT		
		E-mail address: (	to be used for future annual report notifi	cation)	SEA YEE	
For furt	her information c	oncerning this matter, please co	all:	;	D D	
ANDR	EW ARNOLD		561 719-3956 at ()_			
	Name o	f Person	Area Code Daytime	Telephone Number	er —	
Enclose	d is a check for th	ne following amount:				
\$25	0.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	ı

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

## TO ARTICLES OF ORGANIZATION OF

### WINDOW OF OPPORTUNATY LLC

(Nume of the Limited Liability Co	impany of it now appears on our record	(c )
(A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on APRIL 14th 2016	and assigned
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 L	iability 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	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		
	· · · · · · · · · · · · · · · · · · ·	orida
New Registered Agent's Signature, if changing Registered Age	City ent:	Σιρ Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity. I fun lete performance of my duties, an as provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARLA ARNOLD	8111 garden road unit f riviera beach, FC 3340	<b>'4</b> □ Add
			■ Remove
			Change
			Add
			□ Remove
			Change
			Add
		SECRETARY (	Remove
		SEE, FLORIDA	Add TO Control Remove
			Change
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	<del></del>
	4 E A
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	Mease Add MY EIM # to my Delail By Enity Monde
	Please Add MY EIH # to my Debil BY Enity Morace  it is 20-3869200 so It shows when some one Pulls it  UP ON SUBSIZ. The YOU'S
	UP ON SUNBIZ. THE YOU'S
(If an e <b>Note</b>	tive date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 23 <sup>rd</sup> , 2016.
	<del>-</del>
	Signature of a member or authorized representative of a member
	ANDREW ARNOLD
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00