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K.SALY EXAMINER SEP 1 4 2015

COVER LETTER

Di	vision of Corp	orations '			
SUBJECT:	OP 601 LLC				
•		Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing,		
Please retur	rn all correspor	idence concerning this matter	to the following:		
		Lissette B. Ortiz, Esq.			
			Name of Person		•
		Lissette B. Ortiz, P.A.			
			Firm/Company	<u> </u>	
		1430 S. Dixie Hwy, Ste 32	:1		
			Address		•
		Coral Gables, FL 33146			
			City/State and Zip Code		
		lawortiz@bellsouth.net			
		E-mail address: (to be used for future annual rep	ort notification)	
For further	information co	ncerning this matter, please ca	all:		
Lissette Or	tiz		305 665-5	270	
	Name of	Person	Area Code	Daytime Telephone 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 enclose	ed) Certified	te of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2015 SEP-9 PM 3:4

OP 601 LLC		SECRET ' ' 3: 43
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.)	LLAHASSEE. FLODE
he Articles of Organization for this Limited Liabili	ty Company were filed on January 27, 2014	and assigned
orida document number L14000014623		
his amendment is submitted to amend the followin	g:	
. If amending name, <u>enter the new name of the</u>	limited liability company here:	
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable	:	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	<u>-</u>	
If amending the registered agent and/or registered agent and/or the new registered office	_	<u>iter the name of the ne</u>
the state of the s	mules note.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
_	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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member ·

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Edgar Aguiar	4252 SW 186 Avenue	Add
		Miramar, FL 33029	■ Remove
٠			☐ Change
MGRM	Endelst J. Ortega Rev. Trust U/A/D 2/3	/14	
		3334 Islewood Avenue	□ Remove
		Weston, FL 33334	□ Change
			Remove
			TARY OF STAFE
			☐ Change
	 _		
			□ Remove
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			Add
			□ Remove
			□ Change

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fective date, if other than t	he date of filing:	,		_ (optional) lays after filing.) Pursuant to 605.0
n effective date is listed, the date in this	nust be specific and car block does not mee	anot be prior to date of t the applicable state	filing or more than 90 cutory filing requirements	lays after filing.) Pursuant to 605.0 ents, this date will not be listed
cument's effective date on the	Department of State	e's records.		
record specifies a delay	ed effective dat	e, but not an eff	ective time, at 1	2:01 a.m. on the earlier
The 90th day after the r	ecord is filed.			
September 8		2015		
ted	,			
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	mue C	×~~	resentative of a membe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00