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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255 : (305)634-3694

Phon€ Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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COVER LETTER

TO: Registration ! Division of Co					
OPERA I	NVEST, LLC				
SUBJECT:	Name of Li	mited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
	Michael Sherman				
		Name of Person			
				•	
	Thomas G. Sherman, P.A		i		
		Firm/Company			
	90 Almeria Avenue				1
		Address		5	
	Coral Gables, Florida 331	34		AUG	
		City/State and Zip Code		+	
	mike@uniontitleservices.c	om		270	- Adest (기급)
	E-mail address:	(to be used for future annual report noti	fication)	<u> </u>	11 W 22 P
For further information of	concerning this maner, please o	all:		ည ထဲ	
Mike Sherman		305 448-5898		9	©mi >>
Name	of Person		: Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
• • • • • • • • • • • • • • • • • • • •	DVA : BB = 222				

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

(Name of the Limited Liability Come (A Florida Limited	any as It now annears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000017972	were filed on February 3, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	90 Almeria Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida 33134	
Enter new mailing address, if applicable:	90 Almeria Avenue	6-4
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33134	77
	-	ထ္
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the pame of the new
New Registered Office Address:		
	Enter Florida strees oddress	
	, 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 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 Rogistered Agent, Stenature of New Registered Agent

Page 1 of 3

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>	Name	Address	
MGR	THOMAS G. SHERMAN	90 ALMERIA AVENUE	■ Add
		CORAL GABLES, FL 33134	Remove
			☐ Change
MGRM	DAVID FELDGAJER	1750 North Bayshore Drive, Apt. 4910	D Add
		Miami, Florida 33132	■ Remove
•		□ Change	
			DAdd 55 FLUR
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		59	Ş
Note:	ctive date, if other than the date of filing:	1207 (3)(b) I as the	
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	· af:	
Dated	1 August 3 , 2016		
	Signature of a member or authorized appresentative of a member		

Page 3 of 3

Filing Fee: \$25.00

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