

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L14000148977

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000105668 3))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : 12000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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

Email Address: jose@agi-ra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OAPP REAL ESTATE VENTURES, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

2022 MAR 22 PM 2:16

2022 MAR 22 PM 3:42

APPROVED
AND
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Electronic Filing Menu

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Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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OAPP REAL ESTATE VENTURES, 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 09/23/2014 and assigned Florida document number L14000148977.

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: 1800 SW 1ST AVE.
Suite 602
Miami, FL 33129
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1800 SW 1ST AVE.
Suite 602
Miami, FL 33129
(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
City _____, *Zip Code* _____

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2022 MAR 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, 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 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, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|-----------------|--|
| MGR | Pietri, Oscar Alfredo | 1800 SW 1ST AVE | <input type="checkbox"/> Add |
| | | Suite 602 | <input type="checkbox"/> Remove |
| | | Miami, FL 33129 | <input checked="" type="checkbox"/> Change |
| MGR | Pietri, Paula | 1800 SW 1ST AVE | <input type="checkbox"/> Add |
| | | Suite 602 | <input type="checkbox"/> Remove |
| | | Miami, FL 33129 | <input checked="" type="checkbox"/> Change |
| MGR | Pietri, Jose Antonio | 1800 SW 1ST AVE | <input checked="" type="checkbox"/> Add |
| | | Suite 602 | <input type="checkbox"/> Remove |
| | | Miami, FL 33129 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Lined area for amending information.

E. Effective date, if other than the date of filing: March 22, 2022 (optional)

(If an effective 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 22, 2022

2022

Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Type or printed name of signer