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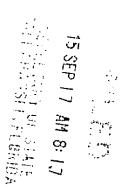
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| TO: | Registration Sec Division of Corp | | | |
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| SUBJE | Opus 1030, | LLC | | |
| ODJE | CI: | Name of Limi | ted Liability Company | |
| 'he enc | losed Articles of a | Amendment and fee(s) are subr | nitted for tiling. | |
| Please r | eturn all correspo | ndence concerning this matter t | to the following: | |
| | | Ian G. Bacheikov, Esq. | | |
| | | | Name of Person | |
| | | Law Office of Ian G. Bach | eikov, P.A. | |
| | | | Firm/Company | |
| | | 945 Pennsylvania Avenue, | 1st Floor | |
| | | | Address | |
| | | Miami Beach, Florida 3313 | 39 | |
| | | | City/State and Zip Code | ····· |
| | | ian@bacheikov.com | to be used for future annual report notifi | cation) |
| For fur | ther information e | oncerning this matter, please co | | |
| Ian Ba | cheikov | | at (305) 249-8000 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| = \$2: | 5.00 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 enclose |

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

| Opus 1030, LLC | | | | | | | |
|---|-----------------------|--|------------------|---------------|--|--|--|
| (Name of the Limite | d Liability Compan | y as it now appears on our records.) iability Company) | | | | | |
| , | A Fronda Emilica E | тасину Сонрану) | | | | | |
| The Articles of Organization for this Limited Lia | ability Company v | were filed on 7/15/2015 | and | d assigned | | | |
| Florida document number <u>I15000118432</u> | · | | | | | | |
| This amendment is submitted to amend the follo | wing: | | | | | | |
| A. If amending name, enter the new name of | the limited liabil | lity company here: | | | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabili | ty Company," the designation "LLC" or | the abbreviation | n "L.L.C." | | | |
| Enter new principal offices address, if applica | ıble: | | | | | | |
| (Principal office address MUST BE A STREET | TADDRESS) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter new mailing address, if applicable: | | 945 Pennsylvania Avenue | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1st Floor | | | | | |
| | | Miami Beach, Florida 33139 | | | | | |
| | | | 200 | | | | |
| B. If amending the registered agent and/o | or registered off | fice address on our records, <u>e</u> | nter-the na | me of the new | | | |
| registered agent and/or the new registered off | ice address here | : | | ⊗ | | | |
| | | | | C | | | |
| Name of New Registered Agent: | lan G. Bacheiko | V | <u> </u> | 7 | | | |
| | | | <u>-</u> | A | | | |
| New Registered Office Address: | 945 Pennsylvani | ia Avenue, 1st Floor | | • | | | |
| | | Enter Florida street address | 7: 3: - | ₹ 4, ± • | | | |
| | Miami Beach | . Floric | la 33139 | J | | | |
| | | City | Zip C | ode | | | |

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:

MGR = Manager

| AMBR = A | uthorized Member | | |
|--------------|------------------|----------------|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ffectiv | e date, if other t | han the date of fi | iling: 8/31/2015 | | | (optiona | (G) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S | 8: | ,,,, |
| an effec ote: Ti | ctive date is listed, the I the date inserted i | e date must be specific in this block does n on the Department | and cannot be prior not meet the applic | able statutory f | or more than 90 da | vs after filin | g.) Pursua | มก็เช่ 605 ot be list | 5.02 ted : |
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| ated A | August 28 | | 2015 | ^ | ٨ | | | | |
| | | | ()/ | II</td <td>1)</td> <td></td> <td></td> <td></td> <td></td> | 1) | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00