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SEURETARY OF STATE

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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC		VEST, LLC		•
SUDJE		Name of Lim	nited Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	¥
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		ALEXANDER S. ORLOF	SKY	
			Name of Person	
		THE ORLOFSKY LAW F	FIRM, P.L.	
Firm/Company 767 ARTHUR GODFREY ROAD		G.		
			Address	· ŧ
		MIAMI BEACH, FL 3314		.
		alex@orlofskylawfirm.com	City/State and Zip Code	•
			to be used for future annual report notif	fication) :
For furth	er information	concerning this matter, please c	all:	
ALEXA	NDER S. ORL	OFSKY 	305 538-2344 at ()	
	Name	of Person	Area Code Daytime	e Telephore Number
Enclosed	d is a check for t	the following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$0.00 Filing Fee, Cartificate of Status & Certified Copy Conditional copy is enclosed)
MAILING ADDRESS: Registration Section			STREET/COURI Registration Section	
	Divisi P.O. E	on of Corporations Box 6327 assee, FL 32314	Division of Corpor Clifton Building 2661 Executive Ce	nter Circles

TO ARTICLES OF ORGANIZATION

2016 JUL 22 PM 4:59 **OPOP INVEST, LLC** (Name of the Limited Liability Company as it now appears on our reco The Articles of Organization for this Limited Liability Company were filed on Florida document number L16006129 110 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 "LibC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:			Mark .		
MGR = Manager AMBR = Authorized Member			Ĝ3√ £%		
Title		4.33	Ų.	True of Action	
Title	<u>Name</u>	<u>Address</u>	§ .	Type of Action	
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***		July 7, 2016		
(If an effect	e date, if other than the date of filing ive 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 m t's effective date on the Department of St	eet the applicable statutory filing retate's records.	•	d as the
If the recor	rd specifies a delayed effective d	ate, but not an effective tim	ne, at $12:01$ a.m. on the earlie	r of:
(b) The 9	Oth day after the record is filed.			
Ju'	ly 7	2016		
Dated				
	Czt	~ \e		
	Signature of a m	nember or authorized representative of		
	Alexander S. Orlofsky, Esq.		X	
		Typed or printed name of signee		
		Page 3 of 3		
		Filing Fee: \$25.00	•	

T.