

L18000059642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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9/13/18 QS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPI INVESTMENT GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TALY OSTFELD

Name of Person

Firm/Company

2025 NE 197th Terrace

Address

Miami, FL 33179

City/State and Zip Code

talyostfeld@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taly Ostfeld

(786) 797-8119

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 enclosed)

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**

OPI INVESTMENT GROUP 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 March 6th, 2018 and assigned
Florida document number L18000059642.

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:

(Principal office address MUST BE A STREET ADDRESS)

2025 NE 197th Terrace

Miami, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2025 NE 197th Terrace

Miami, FL 33179

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:

Taly Ostfeld

New Registered Office Address:

2025 NE 197th Terrace

Enter Florida street address

Miami

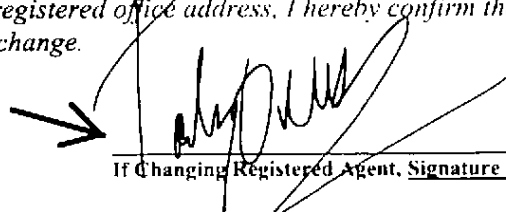
City

, Florida 33179

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL OSTFELD	3 MAGNOLIA ROAD	<input type="checkbox"/> Add
		SCARSDALE, NY 10583	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TALY OSTFELD	2025 NE 197th Terrace	<input type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GERTRUDIS OSTFELD DE BENDAYAN	3769 NE 208 Terrace	<input type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SAMANTHA OSTFELD	18800 NE 29 Ave.	<input type="checkbox"/> Add
		Apt. 402	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
MGR	LUIS OSTFELD	18800 NE 29 Ave.	<input type="checkbox"/> Add
		Apt. 402	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated September 4th 2018

Dated

Signature of a member or authorized representative of a member

Taly Ostfeld

Typed or printed name of signee