118000 175 724

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!
,		



200321419782

12/03/16--01023--027 *+25.00

2016 DEC 21 P 10: 38



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2018

ANDREW W ROSIN, ESQ 1966 HILLVIEW ST SARASOTA, FL 34238

SUBJECT: OPJL VII, LLC Ref. Number: L18000175724



lah! chens con

We have received your document for OPJL VII, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 218A00025128

corrected

COVER LETTER

TO: Registration S Division of Co				
OPA, VII.	LLC			
SUBJECT:	Name of Lin	nited Liability Company	···	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Andrew W. Rosin			
		Name of Person	ブ.	20
	Law Firm of Andrew W. I	Rosin, P.A.		2018 DEC
		Firm/Company)* *	0.2
	1966 Hillyiew St.		(1 7) (1) (1)	_ ;
	-	Address		⊈ D .
	Sarasota, FL 34239		2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8ε
	arosin@rosinlawtirm.com	City/State and Zip Code	,	
	h-mail address (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Andrew W. Rosin		94] 359-26()4 at ()		
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is co	atus &
Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPJL VII. LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our recor Company)	<u>ds.</u>)
The Articles of Organization for this Limited Florida document number 1.18000175724	"iability Company were t	iled on 7/23/2018	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability eq	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	npany." the designation "LU	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli			DEC 2
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			ි. ස මේ සු
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	• .	ddress on our record	ls, enter the name of the no
New Registered Office Address:	1235 N. Gulfstream A	ve.	-
New Registered Office Address:		Enter Florida street addre	4.85
	Sarasota	F	lorida 34236 Zap Code
Now that the state of the state	Ci	ů.	Zip Cocke
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	red agent and agree to a per and complete perfor sistered agent as provide	mance of my duties, a ed for in Chapter 605,	nd Lam familiar with and , F.S. Or, if this document is

If hanging 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>	Address	Type of Action
MGR	Stephen Seidensticker	1700 Baypoint Dr.	□ Add
		Sarasota, FL 34239	X Remove
			Change
MGR	Joseph Seidensticker	1235 N. Gulfsteam Ave.	Add
		Sarasota, F1, 34236	P Remove
			Change
			A Add
			Remove 2
			ල ට
		<u> </u>	☐ Remove
			Change
			□ Add
		<u> </u>	☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change

		<u> </u>
		201 7. 7.
		<u> </u>
		2
		- 1 O .
		
an effective date is listed, the date n	ne date of filing: aust be specific and cannot be prior to date of fi	iling or more than 90 days after filing.) Pursuant to 605 020
ote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statute	ory filing requirements, this date will not be listed as
		ective time, at 12:01 a.m. on the earlier o
The 90th day after the re	cord is filed.	
December 14	2018	
ated	7-7	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00