## 119000150698

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## COVER LETTER

IN 5, LLC  Name of Lim	in distribution Comment		
Name of Lim	is and I take the common and		
	ned Clability Company		
endment and fee(s) are sub	mitted for filing.		
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Nancy Vitolo			
	Name of Person		-
	Firm/Company		2021
8177 GLADES RD STE 2	16		2021 HAR 11 PH 3: 07
	Address		
BOCA RATON, FL 33434			PH 3
`AXDEED2010@GMAIL.	City/State and Zip Code COM		. 图 9
E-mail address: (	to be used for future annual report r	notification)	
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	Division of C	Corporations	
	Nancy Vitolo  8177 GLADES RD STE 2  BOCA RATON, FL 33434  CAXDEED2010@GMAIL.  E-mail address: () erning this matter, please ca	Firm/Company  8177 GLADES RD STE 216  Address  BOCA RATON, FL 33434  City/State and Zip Code  CAXDEED2010@GMAIL,COM  E-mail address: (to be used for future annual report reming this matter, please call:  at (	Nancy Vitolo  Name of Person  Firm/Company  8177 GLADES RD STE 216  Address  BOCA RATON, FL 33434  City/State and Zip Code  'AXDEED2010@GMAIL.COM  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company lorida document number L19000150698	were filed on 06/06/2019	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
OP GC OF FLORIDA, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	8177 GLADES RD STE 216	
Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33434	
inter new mailing address, if applicable:	8177 GLADES RD STE 216	2021 5 <u>55</u>
Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33434	E E TI
		86 - M
. If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	ie name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

N & N CAPTAIN 5, LLC

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 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
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ote: If the date inserted in this b current's effective date on the E	lock does not meet the applicable	e statutory filing requiren	nents, this date wi	If not be listed
ecord specifies a delayed effectivis is filed.	e date, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 9	Oth day after th
ted MARCH 05	2021 Namy Tobels			
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	Signature of a member or authorize	d representative of a memb	ег	<del></del>