L19000294857

(Requestor's Name)	
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(Business Entity Name)	
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Special Instructions to Filing Officer:	
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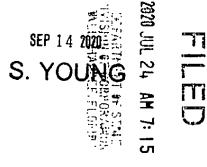
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	OPENATION Name of Limit	15 LLC. ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	UW OPE	Firm/Company	
	6257 Chai	Wood Dr. (Uni Address	+ D)
	Jupiter,	City/State and Zip Code	
	SCVubhubce E-mail address: (1	Wag Mall. COM to be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please ca	all:	
MV W MVS Name of F	Levy Person	at (772_) 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		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

덣

(Name of the Limites	TIONS LI Liability Compan Florida Limited L	LC IV as it now appears on of ability Company)	our records,)	A JUL 24	FILE
The Articles of Organization for this Limited Lia Florida document number <u>L1900029485</u>		were filed on	c. 2 rd 2	Old and assign	ned
This amendment is submitted to amend the follows. A. If amending name, enter the new name of the submitted to amend the follows.		lity company here:			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	ty Company." the designa	ation "LLC" or the a	abbreviation "L.L.C	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	<u>ox)</u>	6257 CV Unit D Supiter, 1	lase wood FL 3345	<u>b</u> v.	<u> </u>
B. If amending the registered agent and/or req agent and/or the new registered office address		ddress on our record	ls, <u>enter the nai</u>	me of the new r	<u>egistered</u>
Name of New Registered Agent: New Registered Office Address:	6257	No Change: Chase WO Enter Florida str	od IV.	unit E	<u>/</u>)
	Jupite	City	, Florida	3345 <u>8</u> 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 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
Memze/Ma	arager Nicole Caputo	5257 Chasewood Dr. Unit D. Jupiter, Fl 33458	LAdd
		Jupiter, FL 33458	□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
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			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 20th 2020.
	Signature of a member or authorized representative of a member