

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			•
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Req	uestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	ress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/	State/Zip/Phone	= #)
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Certified Copies Certificates of Status	(Doc	ument Number)	
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Special Instructions to Filing Officer:			
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	Special instructions to F	iling Oπicer:	
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Office Use Only



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/02/2021	- <u>-</u>			1	≠ W	ALK IN*
ENTITY NAME THE	OPPORTUNITY FUN	D GROUP	LLC	-		,
DOCUMENT NUMBI	ER					
	PLEASE FILE T	THE ATTACI	HED AND RETU	URN	:	
XXXX	Plain Copy Certified Copy Certificate of Status	,			,	N V
	PLEASE OBTAIN THE Certified Copy of Ar Certificate of Good S	rts & Amendm		OVE ENTITY		-
	**APOSTILLE'/	-	. CERTIFICA		•	
COUNTRY OF DESTI NUMBER OF CERTIF	NATION ICATES REQUESTED					
TOTAL OWED \$25.	00			#: I2016000 0	1	
Please call Tina a	t the above number for	r any issue	S OF CONCERNS	s. Thank you	a so much!	/

COVER LETTER

TO: Registration S Division of Co			
	rtunity Fund Group LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shama Stepp c/o ZenBusi	ness PBC	
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	
	5900 Balcones Dr., Suite	5000	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	· ·
	fulfillment@zenbusiness.co	om (to be used for future annual report notification)	
For further information	concerning this matter, please c	·	
Shama Stepp		844 493-6249	
Name	of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address:	1
Division of C		Registration Section Division of Corporation	S ,
P.O. Box 63:	-	The Centre of Tallahasse	
Tallahassee,	FL 32314	2415 N. Monroe Street. Tallahassee, FL 32303	Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1100 2000

The Opportunity Fund Group LLC	1,.0
(Name of the Limited Liability Company as it now appears c (A Florida Limited Liability Company)	-
The Articles of Organization for this Limited Liability Company were filed on 11/05/2020	and assigned
Florida document number 1.20000351218	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	T.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	or the appreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1
	
	•
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	1
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addres	5.5
	orida
City	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eduardo Martinez	7495 SW 70 TER	□Add
		Miami. FL 33143	Remove
AMBR Alberto Roque	14625 SW 75th Ave	□Add	
		Miami, Fl. 33158	l 1 ■Remove
			□Change
		·	[] Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			☐ Change
			□Add

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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	date of filing: t be specific and cannot be prior to date of files to does not meet the applicable statute partment of State's records.	(optional) iling or more than 90 days after filing.) Pursory filing requirements, this date will	suant to 605.020 not be fisted as
record specifies a delayed effectives is filed.	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90t	h day after the
ated	2021	1	
/s/ Dan Schwa	rtz Signature of a member or authorized repre		
			

Filing Fee: \$25.00