## L21000147815

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## **COVER LETTER**

Registration Section

TO:

Division of Corpo	rations			•		
OPEND LLC	.*	<b>t</b> ,	ت ڪ	•		
SUBJECT:	Name of Limi	ted Liability Company		<del></del> .		
The enclosed Articles of Ar	nendment and fee(s) are subt	nitted for filing.				
Please return all correspond	lence concerning this matter (	o the following:				
	Enrique Portnoy					
		Name of Person			-	
	OPEND LLC					
		Firm/Company			-	•
	2222 Quail Roost Dr					
		Address			-	
	Weston /Florida/33327			_		~)
		City/State and Zip Code			5	2021 JUE 1502
	portnoy.enrique@gmail.com					Ξ
	E-mail address: ()	o be used for future annual	report notification	n)		5
For further information cor	ncerning this matter, please ca	all:	•		,	.P.
Enrique Portnoy		561 827 at ()	76617			1,5
Name of I	erson	Area Code	Daytime Tele	phone Numbe	r Mag	39
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		Certified	ate of Stat	us &
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassec, Fl	ection rporations	Divisio The Ce 2415 N	ddress: ation Section n of Corpora ntre of Tallah . Monroe Str ssee, FL 323	tions nassee eet, Suite (	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEND 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  $\frac{04/28/21}{2}$ and assigned Florida document number L21000197815 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
AMBR	Nitti Leonardo Hector	Quail Roost Dr - Weston - Florida - 33327	<b>=</b> Add
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			□Change
AMBR	Parisone Cristian Alejandro	Quail Roost Dr - Weston - Florida - 33327	<b>\equiv</b> Add
			□Remove
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			Elkemove  Control  Co
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June 12	2021						
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- Sin	nature of a member or au	thorized represent	ative of a memb	эсг			
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Enrique Portnoy			~ ノ				

Typed or printed name of signee