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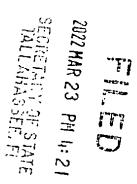
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

1717	ision or cor	perations		
SUBJECT:	OPP Venu		ч.	•
SUBJECT:			nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		Christopher M. Orlandini		
			Name of Person	
		OPP Ventures LLC		
		_	Firm ^c Company	
		209 West Berkshire Circle	•	
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	
		christopher.orlandini@gma E-mail address: (il.com to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please ca	əll:	
Christopher !	M. Orlandin	i	407 362-7791	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPP Ventures LLC

company has been notified in writing of this change.

(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 May 24, 2021 and assigned Florida document number ____L21000242223 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address ____, Florida N/A Zip Code N/A 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

W/A

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adolfo Jesus Pereira III	113 Elderberry Lane	
		Longwood, FL 32779	□Remove
			□Change
MGR	Adolfo Jesus Pereira IV	38644 Deerwoods Drive	Add
		Eustis, FL 32736	□Remove
	 		
			□Remove
			Change
			□Add
			□Remove
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fective date, if other than the un effective date is listed, the date must be a listed in this blocument's effective date on the D	st be specific and cannot be prior to lock does not meet the applicat	o date of filing or more than		
ecord specifies a delayed effective	e date, but not an effective tim	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day aft	er the
is filed.				
is filed. March 20	2022			
is filed. March 20 Chistophis M	2022 Coloudin Signature of a member or author			

ETT. ET MARA