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Division of Corporations
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Fax Number : (786)882-5856

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@dasbanq.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPELES INTERNATIONAL LLC

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Nov 26, 2024 22:18 (UTC-04)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPELES INTERNATIONAL LLC				
(Name of the Limited Liabilit (A Florida	v Company as it now appears on our i Limited Liability Company)	'ecords.)		
The Articles of Organization for this Limited Liability Conference of Organization for this Liability	ompany were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	ESS)			
		2024 DE		
Enter new mailing address, if applicable:		- : : :		
(Mailing address MAY BE A POST OFFICE BOX)		. 10 17		
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>s</u>	enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street	address		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	l Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duti- gent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383

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>	Name	Address	Type of Action
MGR	Mendoza Carrillo,Miguel Yesid	CALLE 54A	≣ Add
		LOS PATIOS, NS, 541010. CO	: Remove
			Change
			□Add
			□Remove
			Change
			□Add
			LIRemove
			Change
			□Add
			□Remove
			Change
			Change
			□Add
			Remove
			□Change

To: +18506176383

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ffective date, if other than the an effective date is listed, the date in Note: If the date inserted in this ocument's effective date on the	iust be specific and ca block does not mee	mnot be prior to at the applicab		nore than 90 days afte	
record specifies a delayed effect I is filed.	ive date, but not an	effective tim	e, at 12:01 a.m.	on the earlier of: (b) The 90th day after t
11/26 eated	····································	2024	<u>.</u> ·		
		rydi Ro	driguez	e of a member	
	Signature of a mot	pyoer or authori	zea izpresentativ	e of a member	