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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: OPERA RELINC			
DOCUMENT NUM	IBER: P17000089932			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	Valerio Spinaci, Esq.			
		Name of Contact Persor	1	
	Opera REI INc			
		Firm/ Company		
	1680 Michigan Ave Suite 700	0		
		Address		
	Miami Beach FL 33139			
		City/ State and Zip Cod	e	
	v.spinaci@operarei.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:a: (225-0243	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section			Address	
			Iment Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OPERA RELINC

(Name of Corpor	ration as currently filed with the Florida	Dept. of State)	•
P17000089932			
(Doc	cument Number of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Profit Corporati	on adopts the following ame	ndment(s) to
A. If amending name, enter the new name of th	e corporation:		
		The	new'
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	nc," or "Co". A professional corporati	ited" or the abbreviation "Co	orp.," word
B. Enter new principal office address, if applica	able:		
(Principal office address MUST BE A STREET A	IDDRESS)		
		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
	·		
0.16 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	tarred 1880 and december Charleton automobile	N The Table 1	
D. If amending the registered agent and/or reginew registered agent and/or the new register		·	
		7 - 7 8 - 7 8 - 8	• 1
Name of New Registered Agent			-
			[T]
	(Florida street address)	<u> </u>	
New Registered Office Address:		, Florida 🚫	
	(City)	(Zip Gode)	
	Designated Aposts		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar with and accept the oblig	ations of the position.	
	, -	•	
·····			
S	lignature of New Registered Agent, if chang	ging	
Check if applicable			
☐ The amendment(s) is/are being tiled pursuant to	o s. 607.0120 (11) (e), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> </u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) X Change	Р	VALERIO SPINACI	106 SE 9 Street	
Add			Fort Lauderdale FL 33316	
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach ada	ing or adding ac ditional sheets, i	if necessary).	(Be specific)			
		·				
				·	····	
						
					.	
		 				••••
						1
f an ame	endment provid	es for an exch	ange, reclassific	ation, or cancell	ation of issued sh	ares,
provisio	ns for implemen	nting the ame	ndment if not co	ontained in the a	mendment itself:	
(if no	ot applicable, in	dicate N/A)				
					·····························	
						•
						
				·····		
						
						

• • •

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The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	ino more than 90 days after amendment	file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing red Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	 - '
	(voting group)	
10/28/20 Dated	021	
Signature	toper	
(By sele	a director, president of other officer – if directors or officeted, by an incorporator – if in the hands of a receiver, tronned fiduciary by that fiduciary)	cers have not been ustee, or other court
	VALERIO SPINACI	
	(Typed or printed name of person signing)
	PRESIDENT	
	(Title of person signing)	