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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OPTOWERS 1611 LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTOWERS 1611 LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company	ny were filed on 03/15/2023 and assigned
Florida document number L23000120254	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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 agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	A
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida Zin 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 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	White Velvet LLC	17111 Biscayne Blvd STE 2105	@ Add
		North Miami Beach, 33160	□Remove
			□Change
	,		□Add
			□ Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
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			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove

Manager-Managed. Coctive date, if other than the date of filing:		
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Signature of a member or authorized representative of a member		
	/s/ Joseph Panhol	
Joseph Panholzer, Attorney-in-Fact		Signature of a member or authorized representative of a member
	Joseph Panholzer	Attorney-in-Fact