L11000111167

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10/21/14--01008--003 **25.00

RECEIVED
14 OCT 20 PM 3:42
DIVISION OF CORPORATION

EFFECTIVE DATE
10-22-14

FILED
14 OCT 22 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2014

T. BROWN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OPO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin B. Bush
Name of Person

Gardner, Bist, Wiener, Bowden, Bush, Dee, LaVia & Wright, P.A.
Firm/Company

1300 Thomaswood Drive
Address

Tallahassee, FL 32308
City/State and Zip Code

ben@gbwlegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin B. Bush at (850) 385-0070
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2014

BENJAMIN B. BUSH
GARDNER, BIST, WIRNER, ET AL
TALLAHASSEE, FL

SUBJECT: OPO, LLC
Ref. Number: L11000111167

We have received your document for OPO, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 714A00022471

RECEIVED
DEPARTMENT OF STATE
14 OCT 22 PM 3:49

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 OCT 22 PM 2:25
TALLAHASSEE, FLORIDA

OPO, 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 9/29/2011 and assigned Florida document number L11000111167.

This amendment is submitted to amend the following:

EFFECTIVE DATE
10-22-14

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

40 Hunters Trace
Crawfordville, Florida 32327

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

40 Hunters Trace
Crawfordville, Florida 32327

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: Duane Matthew Evans

New Registered Office Address: 40 Hunters Trace
Enter Florida street address

Crawfordville, **Florida** 32327
City *Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
M	Richard H. Evans	H C 64 Box 12 Fort Sumner, NM 88119	■ Add ☐ Remove
M	Rick Bitner	P.O. Box 7000 Marianna, FL 32447	☐ Add ■ Remove
M	John Mottice	P.O. Box 7000 Marianna, FL 32447	☐ Add ■ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/22/2014 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/17, 2014.

Richard H. Evans

Signature of a member or authorized representative of a member

Richard H. Evans

Typed or printed name of signee

Filing Fee: $25.00