

L14 000 155480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

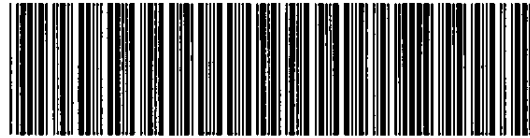
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100265698961

10/23/14--01016--006 **25.00

FILED
14 OCT 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 27 2014

Stephen MacIsaac, P.A.

Attorney and Counselor at Law

Stephen MacIsaac

October 21, 2014
VIA U.S. Mail

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ARTICLES OF AMENDMENT -- OIPC, LLC

Dear Sir or Madam:

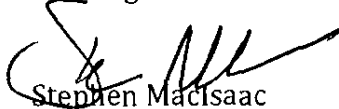
Please find enclosed ARTICLES OF AMENDMENT with respect to OIPC, LLC. The Articles of Amendment add Joseph Orsino as Manager. I enclose a check in the amount of \$25.00 to cover the filing fee.

Please send any correspondence to the following address:

Stephen MacIsaac, P.A.
Attn: Stephen MacIsaac
2525 Park City Way
Tampa, FL 33609

If you have any questions, or require anything further in connection with this filing, please do not hesitate to contact me at 813/877-8125. I thank you in advance for your assistance.

Best regards,


Stephen MacIsaac

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OIPC, 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:

Stephen MacIsaac

Name of Person

Stephen MacIsaac, P.A.

Firm/Company

2525 Park City Way

Address

Tampa, Florida 33609

City/State and Zip Code

MacIsaacLaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve MacIsaac

813 877-8125

Name of Person

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OIPC, 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 October 13, 2014 and assigned Florida document number L14000159480.

This amendment is submitted to amend the following:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, **Florida**

City

14 OCT 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph Orsino	2504 W. Azeele Street	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 OCT 23 AM 8:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: _____ **(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 October 20, 2014



Signature of a member or authorized representative of a member

Stephen MacIsaac

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 OCT 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA