

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000056271

Entity Name: OPPYSA, LLC**Current Principal Place of Business:**201 ALHAMBRA CIRCLE
SUITE 702
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE
SUITE 702
CORAL GABLES, FL 33134 US**FEI Number:** 98-1481457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILA, PADRON & DIAZ, P.A.
201 ALHAMBRA CIRCLE
SUITE 702
CORAL GABLES, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MANAGER
Name CALDERON-BUENROSTRO, JUAN CARLOS
Address CALLE ECUADOR MANZANA 24
LOTE 6 CASA 3
City-State-Zip: CANCUN QUINTANA ROO

Title AP
Name CUEVAS CORTES, SEM JAVIER
Address 1500 N THACKER AVE.
City-State-Zip: KISSIMMEE FL 34741

Title MEMBER
Name OPERACION Y SUPERVISION DE
HOTELES S.A. DE C.V.
Address PEDRO ROMERO DE TERREROS 808-
A
COLONIA DEL VALLE 03100
City-State-Zip: CIUDADE DE MEXICO MEXICO

Title AP
Name AGUIRRE GARCIA, ENRIQUE
Address 1500 N THACKER AVE.
City-State-Zip: KISSIMMEE FL 34741

Title AP
Name CASILLAS RIVERA, ISMAEL
Address 1500 N THACKER AVE.
City-State-Zip: KISSIMMEE FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CALDERON-BUENROSTRO , JUAN CARLOS

MANAGER

04/17/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date