L04000014498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPC, L.L.C.
(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:

Isabel Ringelspaugh
(Name of Person)

OPC, L.L.C.
(Firm/Company)

3610 Justin Drive
(Address)

Palm Harbor, FL 34685
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Isabel Ringelspaugh at (813) 855-4269
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OPC, L.L.C.
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on Feb 16, 2004 and assigned document number L04000014498.

SECOND: This amendment is submitted to amend the following:

The EIN for OPC, LLC is #200718273
another LLC has been using this
EIN# by mistake

Link EIN #200718273 to OPC LLC.
so this LLC can be dissolved

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06 DEC 13 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated December 7, 2006.

Isabel Ringelspaugh
Signature of a member or authorized representative of a member

Isabel Ringelspaugh
Typed or printed name of signee

Filing Fee: $25.00

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

Date of this notice: 03-02-2004

Employer Identification Number:
20-0718273

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

OPC LLC
RINGELSPAUGH ISABEL MEMBER
~~3773 PENDLEBURY DR~~ 3610 Justin DR.
PALM HARBOR FL 34685

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-0718273. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us