

L10000079629

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

**A. LUNT**

**AUG 16 2010**

**EXAMINER**

Office Use Only



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08/13/10--01038--007 \*\*25.00

**FILED**  
2010 AUG 13 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OPD HOLDINGS, 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:

**JENNIFER CASHMAN**  
Name of Person  
**CALDWELL & WASHOFSKY, PA**  
Firm/Company  
**7501 NW 4TH ST, SUITE 112**  
Address  
**PLANTATION, FL 33317**  
City/State and Zip Code  
**JCASHMAN@KCCALDWELLCPA.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JENNIFER CASHMAN** at ( **954** ) **585-2216**  
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

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OPD HOLDINGS, LLC

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FROM :

FAX NO. : 9546308277

Aug. 09 2010 03:15PM P2  
\* 1/

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVE VIANEST	320 SE 16TH AVE BOMPANO BEACH, FL 33060	<input type="checkbox"/> Add <input checked="" 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

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

Dated

8-9-10

Signature of a member or authorized representative of a member

HOWARD CUNNINGHAM

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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