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(Re	questor's Name)			
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COVER LETTER

	ion of Corporations			
SUBJECT:	OPD HOLDINGS, LLC			
Sebuber.	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	2 910		
	City/State and Zip Code	AE B		
	JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification)	— \$887 \$887		
For further in	ormation concerning this matter, please call:			
	JENNIFER CASHMAN at (954) 585-2216	<u> </u>		
	Name of Person Area Code & Daytime Telephone	Jumber		
Enclosed is a	check for the following amount:			
\$25.00 Fil	Certificate of Status Certified Copy Co (additional copy is enclosed) Co	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ess:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OPD HOLDINGS, LLC		
(Name of the L	imited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)	_
The Articles of Organization for this Lim	nited Liability Company were filed on _	07/29/2010	and assigned
Florida document number L1000	00079629		
This amendment is submitted to amend the	he following:		
A. If amending name, enter the new n	ame of the limited liability company l	<u>here</u> :	
The new name must be distinguishable and (L.L.C."	end with the words "Limited Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if	applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		
			A & 2
Enter new mailing address, if applicab	de:		AG TO
Mailing address MAY BE A POST OF.		,	2 ω F
		7	्रिक् या
		1	= D
B. If amending the registered agent registered agent and/or the new registe		n our records, enter the	
Name of New Registered Agent	· •		
New Registered Office Address		Enter Florida street addi	**************************************
	•	Liner I wilda sireel uuui	fm
	City	, Florida	Zip Code
	2,		

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 608, 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 Managing Members on our records, enter the fitle, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana; MGRM = Man	ger asging Member		
Tide	Name	Address	Type of Action
MGRM	STEVE VIANEST	320 SE 16TH AVE EOMPANO REACH, FL 33060	Add Z Ramove
			Add Remove
	***		Add Comove
			Add Remove
			Add Remove
· 			Madd 28
D. If amendin	g any other information, enter change(s) here: (Auach addiannal sheets, if necessary).)	AUG 13 PM 1: 25
Dated	8-9-10	-	- -
	HOWA	r suchersed representative of a bettiber CUNNINGHAM Printed name of signer	

Page 2 of 2

Filing Fee: \$25.00