

L11000111167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

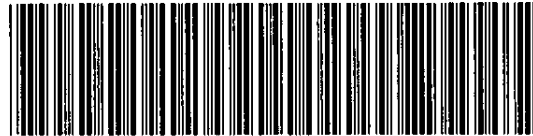
(Business Entity Name)

(Document Number)

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800263155258

10/21/14--01008--003 \*\*25.00

RECEIVED  
14 OCT 20 PM 3:42  
DIVISION OF CORPORATIONS

EFFECTIVE DATE  
10-22-14

FILED  
14 OCT 22 PM 2:25  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

OCT 23 2014  
T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **OPO, 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:

**Benjamin B. Bush**

Name of Person

Gardner, Bist, Wiener, Bowden, Bush, Dee, LaVia & Wright, P.A.

Firm/Company

**1300 Thomaswood Drive**

Address

**Tallahassee, FL 32308**

City/State and Zip Code

**ben@gbwlegal.com**

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

For further information concerning this matter, please call:

**Benjamin B. Bush**

Name of Person

at **850 385-0070**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2014

BENJAMIN B. BUSH  
GARDNER, BIST, WIRNER, ET AL  
TALLAHASSEE, FL

SUBJECT: OPO, LLC  
Ref. Number: L11000111167

We have received your document for OPO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00022471

RECEIVED  
DEPARTMENT OF STATE  
14 OCT 22 PM 3:48

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

OPO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
14 OCT 22 PM 2:25  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/29/2011 and assigned Florida document number L11000111167.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**EFFECTIVE DATE**  
10-22-14

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)**

40 Hunters Trace

Crawfordville, Florida 32327

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

40 Hunters Trace

Crawfordville, Florida 32327

**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:**

Duane Matthew Evans

**New Registered Office Address:**

40 Hunters Trace

Enter Florida street address

Crawfordville

City

, Florida 32327

Zip Code

**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>
<u>M</u>	<u>Richard H. Evans</u>	<u>H C 64 Box 12</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Sumner, NM 88119</u>	<input type="checkbox"/> Remove
<u>M</u>	<u>Rick Bitner</u>	<u>P.O. Box 7000</u>	<input type="checkbox"/> Add
		<u>Marianna, FL 32447</u>	<input checked="" type="checkbox"/> Remove
<u>M</u>	<u>John Mottice</u>	<u>P.O. Box 7000</u>	<input type="checkbox"/> Add
		<u>Marianna, FL 32447</u>	<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

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

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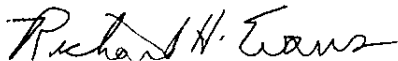
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**E. Effective date, if other than the date of filing:** 10/22/2014 (optional)

(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 10/17, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Richard H. Evans

\_\_\_\_\_  
Typed or printed name of signee