L11000111167

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2023 FEB 27 AHII: 10 SIGN 100 OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
OPO LLC			
SUBJECT:	Name of Lim	ited Liability Company	·
The medican Aminimus C	A annual areas and first a sure on the	mitted for filing	
	Amendment and fee(s) are sub ondence concerning this matter		
	Duane Evans		
		Name of Person	
	OPO LLC		
	*	Firm/Company	
	1940 Wakulla Arran Rd		s 2
		Address	700 TAC
	Crawfordville, FL 32327		
	evansduane@hotmail.com	City/State and Zip Code	2023 FEB 27 AM II: 10
	=	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	ALE JOIL
Duane Evans		850 879-5028	
Name o	t Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section Division of Comparation	
Division of C P.O. Box 632		Division of Corporation The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPO LLC			
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) ')	
The Articles of Organization for this Limited I	Liability Company were filed on	9/29/2011 and assigne	:d
Florida document number L11000111167	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."	•
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	2023 15.0	
		25 B	-
	*		
		27	CR-CENT
Enter new mailing address, if applicable:			<u>.</u>
Mailing address MAY BE A POST OFFICE	<u> </u>	H P	: ر د حت :
		. IE 10	
B. If amending the registered agent and/or		records, enter the name of the new re	gistere
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Duane M Evans		
New Registered Office Address:	1940 Wakulla Arran Rd		
	Enter F	lorida street address	
	Crawfordville	, Florida ³²³²⁷	
	City	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Evans, Richard H	1940 Wakulla Arran Rd	□ Add
		Crawfordville, FL 32327	≡ Remove
			□Change
			□ Remove
			☐Change
			17.11
			Remove Remove
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Effective date, if other than the date of filing: ((Optional) ((If an effective date, is listed, the date must be specific and cannot be prior to date of filing or none than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ord is filed. Dated Dated Dated Dated Dated Dated Dated Dated Dated Optional) (Optional) (Optional) (Optional) (If an effective date of filing or none than 90 days after filing.) Pursuant to the date of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Pursuant to the specific of filing or none than 90 days after filing.) Specific or none than 90 days after filing.		zssury.j	ditional sheets, if neces	e(s) nere: (Allac	n, enter change	other informatio	ending any (11 an
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Duane M Evans Typed or printed name of signee	12	?7 0		in G	M Eva	Nizono		