# L15000001799

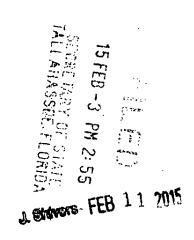
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Office Use Only



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February 4, 2015

MEGAN BOCOOK 970 LAKE CARILLON DR STE 300 ST PETERSBURG, FL 33716

SUBJECT: OPC SERVICES LLC Ref. Number: L15000001799

We have received your document for OPC SERVICES 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 must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00002274

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OPC Services Luc	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Megan Bocook Name of Person	
OPC Services LLC Firm/Company	
970 Lake Carillan Dr STE 300 Address	
ST Peters by FC 337/6 City/State and Zip Code	
Megan movie 09 @ amail. (om)  Email address: (to be used for future authual report notification)	
For further information concerning this matter, please call:	
Megan Baccock at (614) 743-6365  Name of Person at (614) Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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

0	PC SERVICES LLC		
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	01/05/2015	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or a registered agent and/or the new registered office	•	our records, enter	F (2)
- <del> </del>	<del>.</del>		5 FE
Name of New Registered Agent:			S
New Registered Office Address:	,.,		Control of the contro
	Enter Flor	ida street address	7 7 7
_		, Florida _	<u> </u>
	City	•	だい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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	MEGAN BOCOOK	970 LAKE CARILLON DR STE 300	<b>■</b> Add
		ST PETERSBURG FL 33716	□ Remove
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(The effecti	date, if other than the date of filing:	<del> </del>
(The effecti	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
(The effecti the date th	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

15 FEB -3 PM 2:55