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(City/State/Zip/Phone #)
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COVER LETTER

Divi	sion of Co	rporations		
SUBJECT:	OPM LA	ND HOŁDINGS, LLC		
•		Name of Li	mited Liability Company	 _
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ondence concerning this matte	r to the following:	
		Candance Brownlow		
			Name of Person	
		Pelaez Maas Law, PLLC		
			Firm/Company	
		44 NE 16 Street		
			Address	<u> </u>
		Homestead, FL 33030		
			City/State and Zip Code	
		iori70@yahoo.com		
			to be used for future annual report not	fication)
For further info	ormation co	oncerning this matter, please c	all:	
Candance Brow	wnlow		305 247-7132	
	Name of	Person	at (e Telephone Number
Enclosed is a cl	heck for the	e following amount:		
国 \$25.00 Fili	ng 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

No Check

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOLDINGS, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record. Liability Company)	<u>r.)</u>
The Articles of Organization for this Limited Liability Company	were filed on June 17, 2016	and assigned
Florida document numberL16000115843		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19300 SW 344 Street	
Principal office address MUST BE A STREET ADDRESS)	Homestead, FL 33034	
		22
Inter new mailing address, if applicable:	19300 SW 344 Street	1
Mailing address MAY BE A POST OFFICE BOX)	Homestead, FL 33034	÷-
		<u> </u>
		·
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records, <u>enter t</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
•	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 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
MGR	MAAS, JOHN P	44 NE 16 STREET	Add
		HOMESTEAD, FL 33030	≣Remove
,			□Change
MGR	WALL, MARK	19300 SW 344 STREET	= Add
		HOMESTEAD, FL 33034	□Remove
			☐ Change
			□Add
			Петоvс
			□Change
			□ Add
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f an effe Note:	ve date, if other than the date of filing: continuous control of the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	June 26 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

COVER LETTER

OPM LA	AND HOLDINGS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	777111 9744
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Candance Brownlow		
		Name of Person	
	Pelaez Maas Law, PLLC		
		Firm/Company	
	44 NE 16 Street		
		Address	
	Homestead, FL 33030		
		City/State and Zip Code	
	iori70@yahoo.com		
For further information of	concerning this matter, please c	to be used for future annual report in all:	ottication)
Candance Brownlow	3		
	of Person	305 247-7132 at () Area Code Dayti	- M. L. S
name (n retson	Area Code Dayn	ine Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

No Check

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPM LAND F	HOLDINGS, LLC		
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records Liability Company)	.	
The Articles of Organization for this Limited Liability Company	were filed on June 17, 2016	and assigned	
Florida document number L16000115843		-	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	19300 SW 344 Street		
(Principal office address MUST BE A STREET ADDRESS)	Homestead, FL 33034		
Enter new mailing address, if applicable:	19300 SW 344 Street		
Mailing address MAY BE A POST OFFICE BOX)	Homestead, FL 33034		
			
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Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
**************************************	, Flori		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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		HOMESTEAD, FL 33030	≣Remove
			Change
MGR	WALL, MARK	19300 SW 344 STREET	■Add
		HOMESTEAD, FL 33034	□Remove
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f an effective date Note: If the da	if other than is listed, the date te inserted in the ective date on the	e must be specific is block does n	c and cannot of meet the	be prior to da applicable	nte of filing or statutory fili	more than 90 ng requiren	(option days after fi nents, this c	ling) Pursuant	to 605.0207 (be listed as t
record specific d is filed.	es a delayed effe	ective date, but	not an effe	ctive time,	at 12:01 a.m	on the ear	ier of: (b)	The 90th da	y after the
June 26		<i>y</i>	_ ·	<u> </u>					
Dated		1 //	_/						
Pated		" // ·	1/. /	- سريمرز					
Pated	Jal	Signature o	Le Co	or authorized	l representativ	e of a memb	er		_