

L18000021598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

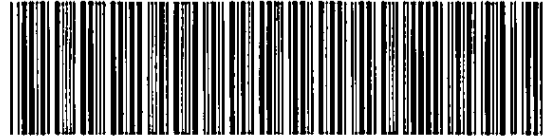
(Business Entity Name)

(Document Number)

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09/24/20--01028--008 ++25.00

FILED  
2020 SEP 24 PM 6:39  
OCT 30 2020  
S. YOUNG  
CLERK OF DISTRICT COURT  
AT LAWSONVILLE, GA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OPISAS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTIAN CALUSA  
Name of Person

OPISAS, LLC  
Firm/Company

217 N WESTMONTE DR STE 2018  
Address

ALTAMONTE SPRINGS, FL 32714  
City/State and Zip Code

accounts@opisas.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELE KODRIC 407 6072461  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2020 SEP 24 PM 6:39  
and assigned

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

and assigned

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTIAN CALUSA	217 N WESTMONTE DR	<input type="checkbox"/> Add
		STE 2018, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OPISAS HOLDING INC	478 E ALTAMONTE DR	<input checked="" type="checkbox"/> Add
		# 108-390	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input type="checkbox"/> Change
MGR	CHRISTIAN CALUSA	478 E ALTAMONTE DR	<input checked="" type="checkbox"/> Add
		# 108-390	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

Dated September 11th 2020

member 11th \_\_\_\_\_ 2020 \_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee