

L19000147421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

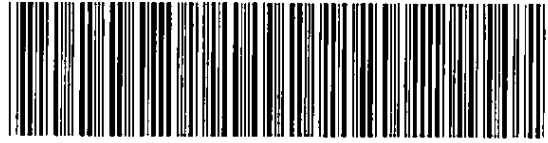
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

08/01/24

L19000147421

Office Use Only



S. CHS 500431690725

AUG - 7 2024

08/05/24--0910--095 \*\*105.00

FILED  
2024 AUG - 1 PM 3:30  
CASE AND/OR VOTE  
E-MAILING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



ATTN: Ms. Chatham

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2024

OPAL WINGATE  
5927 BAHAMA CT  
WEST PALM BEACH, FL 33407 US

SUBJECT: OPAL WINGATE PLLC  
Ref. Number: W24000100822

We have received your document for and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the forms to change your Florida limited liability company into a Florida profit corporation. However your name implies you wish to change your Florida limited liability company to a Florida professional limited liability company. The purpose given implies you wish to become a Florida professional association (profit corporation). I am attaching each form with instructions depending on the action you wish to take.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Supervisor  
New Filings Section

Letter Number: 924A00014986

RECEIVED  
2024 AUG - 1 AM 10:15  
CORPORATIONS  
PROFESSIONAL  
SERVICES

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Electronic Document Services  
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:

Opal Wingate  
Name of Person

\_\_\_\_\_  
Firm/Company

5927 Bahama Ct  
Address

West Palm Beach FL 33407  
City/State and Zip Code

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

For further information concerning this matter, please call:

Opal Wingate at (561) 268-9908  
Name of Person | 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

The Articles of Organization for this Limited Liability Company were filed on 06/03/2019 and assigned Florida document number L19000147421.

This amendment is submitted to amend the following:

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

Opal Collins - Wingate PLLC

The new name must be distinguishable and contain 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)

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

(Mailing address MAY BE A POST OFFICE BOX)

5927 Bahama Ct  
West Palm Beach FL 33407

**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:

Opal Collins - Wingate

New Registered Office Address:

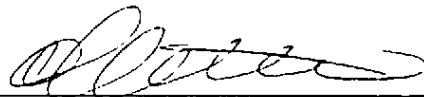
5927 Bahama Ct

Enter Florida street address

West Palm Beach, Florida 33407  
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**

CABLE AND/OR VIDEO  
TELEVISION REPAIRING  
OPERATIONS  
TALLAHASSEE, FLORIDA  
2024 AUG 7 PM 3:39  
FILED

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>
<u>MGR</u>	<u>Bryanna Collins</u>	<u>5512 Wishing Star lane</u>	<input checked="" type="checkbox"/> Add
		<u>Greengroves Fl 33463</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Sec</u>	<u>Sanchea Buccicom</u>	<u>5927 Bahama Ct</u>	<input checked="" type="checkbox"/> Add
		<u>West Palm Beach Fl 33407</u>	<input type="checkbox"/> Remove
			<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"/> Change

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2024 AUG -1 PM 3:33  
CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Manage complete process of real estate transactions from contract to close.

Ensuring deadlines are met.

Communicating with buyers and sellers, their agents and escrow officers to ensure clear and timely closing.

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2024 AUG - 1 PM 3:32  
STATE AND/OR VIDEO  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

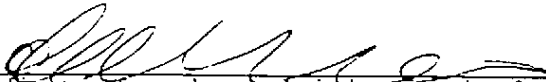
E. Effective date, if other than the date of filing: October 10, 2024 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 7/29/2024 . 2024

  
Signature of a member or authorized representative of a member

Opal Collins Dugate  
Typed or printed name of signee