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(Re	questor's Name)	
(Ad	dress)	·
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
OPP Deve	lopers, LLC		
	Name of Lir	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Neal Menaged		
	-	Name of Person	
	OPP Developers, LLC		
		Firm/Company	
	3640 N Federal Hwy B3-1	120	
		Address	
	Lighthouse Point, FL 330	74	
		City/State and Zip Code	
	nmmenaged@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please c	all:	
Neal Menaged		954 881-4390 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPP Developers, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000148814</u>	were filed on 06/04/2019	and assigned
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 Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3907 N Federal Hwy #127	
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33064	
THICHMI OFFICE HARDES MOST DO MALINEAU IN A SHORE		: ·
Enter new mailing address, if applicable:	3907 N Federal Hwy #127	, o , -
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33064	
The state of the second and the seco	ffice address on our records	anter the name of the nev
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		<u>,</u>
New Registered Office Address:	Enter Florida street address	
	_ ,	i.a.
	, Flor	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

ii amending Authorized rerson(s) authorized to manage, enter the time, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Rose Christine Menaged	3907 N Federal Hwy #127	_ ■ Add
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		Pompano Beach, PL 33004	□ Remove
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ctive date, if other than the date of filing:	(optional)	nt to 605
effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable stat iment's effective date on the Department of State's records.	nutory filing requirements, this date will not	be list
ment's effective date on the Department of State 3 records.		
ecord specifies a delayed effective date, but not an ef ne 90th day after the record is filed.	fective time, at 12:01 a.m. on the	e earli
October 7th 2019		
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Page 3 of 3

Filing Fee: \$25.00