## KZ0000381690

| (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: |
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|   |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corpo |   | · ·   |                               |   |
|--|---|---|-------------------------------|---|
| SUBJECT:                                   | O.P.P. Const<br>Name of Limi                  | Fruction L<br>ted Liability Company                                   | .LC                           |   |
| The enclosed Articles of Ar                | nendment and fee(s) are sub-                  | nitted for filing.  |                               |   |
| Please return all correspond               | ence concerning this matter t                 | to the following:   |                               |   |
|  |   | hanh Ong  | )                             | <del></del>   |
|  | O.P.P.  | Construction Firm/Company   | n LLC                         |   |
|  |   | Brahma<br>Address   |                               |   |
|  |   | City/State and Zip Code   |                               |   |
|  | E-mail address: (t                            | Chicalle 8.13<br>o be used for future annual re                       | port no ricution)             | . Com   |
| For further information con-               | cerning this matter, please ca                | il:   |                               |   |
| Than h<br>Name of P                        | On 4  | at ( <u>69</u> )3<br>Area Code  | 334 - 080<br>Daytime Telephon | & Number  |
| Enclosed is a check for the                | following amount:                             |   |                               |   |
| □ \$25.00 Filing Fee                       | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclo | sed)                          | \$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 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

| O. P. P. Construction LLC (Name of the Limited Liability Company as it now appears on our records.)  |
|--|
| (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 $\frac{12/7/20}{}$ and assigned  |
| Florida document number <u>L20000381690</u>  |
| This amendment is submitted to amend the following:  |
| A. If amending name, enter the new name of the limited liability company here:   |
| 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)   |
| The state of the s |
|  |
| B. If amending the registered agent and/or registered office address on our records, enter the nameof the new register   |
| agent and/or the new registered office address here:   |
|  |
| Name of New Registered Agent:  |
| Name Danietarnal Office Addresses  |
| New Registered Office Address:  Enter Florida street address   |
| Florida  |
| . Florida 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 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> | Name             | Address |               | Type of Action                        |
|--------------|------------------|---------|---------------|---------------------------------------|
| MUIL         | Joshua Satkonski | 12610   | N. Taliaferro | Ave Add                               |
|              |                  | Tampa   | FL 33612      | 🗆 Remove                              |
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| ective      | date, if other tha                           | n the date of   | filing:                                 | nnut he prior t | a date of filing | or more than                          | (optio         | nal)<br>filing ) Pursua | nt to 605.00 |
| te: If tl   | ne date inserted in t<br>s effective date on | his block does  | not mee                                 | t the applica   |                  |                                       |                |                         |              |
| ument       | s checuve date on                            | the Departmen   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | e s records.    |                  |                                       |                |                         |              |
|             | ecifies a delayed el                         | Tective date, b | ut not an                               | effective tin   | ne, at 12:01 a   | a.m. on the e                         | arlier of: (b) | The 90th                | day after t  |
| s filed.    |  |                 |   |                 |                  |                                       |                |                         |              |
| ed          | Apr. 1                                       | 13              |   | 2021            |                  |                                       |                |                         |              |
|             |  |                 | -                                       | / /             |                  |                                       |                |                         |              |
|             | -  | Signatur        | e of a par                              | pider or autho  | in Cpresen       | tative of a me                        | mber           |                         |              |
|             |  | -               |   |                 | L                |                                       |                |                         |              |

Filing Fee: \$25.00