

2/4/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000049033 3)))



H21000049033ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 FEB -4 PM 4:43

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OPUS MANAGEMENT CONSULTING, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

US  
2/8/21

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPUS MANAGEMENT CONSULTING, LLC  
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

jesus@opusmc.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800) 773-0888

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
 2021 FEB -4 PM 4:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPUS MANAGEMENT CONSULTING, 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 12/29/2020 and assigned  
Florida document number 121000007157.

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**)

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:

New Registered Office Address:

Enter Florida street address

City

, 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> | <u>Name</u>              | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|--------------------------|------------------|--|
| AMBR         | Jesus Alfonso Reyes Diaz | 10104 NW 41st St | <input type="checkbox"/> Add               |
|              |                          | Doral, FL 33178  | <input type="checkbox"/> Remove            |
|              |                          |                  | <input checked="" type="checkbox"/> Change |
| AMBR         | Maria Eugenia Pino       | 10104 NW 41st St | <input checked="" type="checkbox"/> Add    |
|              |                          | Doral, FL 33178  | <input type="checkbox"/> Remove            |
|              |                          |                  | <input type="checkbox"/> Change            |
| MGR          | Jesus Alfonso Reyes Diaz | 10104 NW 41st St | <input checked="" type="checkbox"/> Add    |
|              |                          | Doral, FL 33178  | <input type="checkbox"/> Remove            |
|              |                          |                  | <input type="checkbox"/> Change            |
|              |                          |                  | <input type="checkbox"/> Add               |
|              |                          |                  | <input type="checkbox"/> Remove            |
|              |                          |                  | <input type="checkbox"/> Change            |
|              |                          |                  | <input type="checkbox"/> Add               |
|              |                          |                  | <input type="checkbox"/> Remove            |
|              |                          |                  | <input type="checkbox"/> Change            |

FILED  
2021 FEB 4 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

2021 FEB -4 PM 4:11  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2011 BY 60322  
UCBAW

FILED  
2021 FEB -4 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

(b) The 90th day after the record is filed.

Dated 1/29/2021

Signature of a member or authorized representative of a member

Jesus Alfonso Reyes Diaz

Typed or printed name of signer