

h21 000 252 982

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

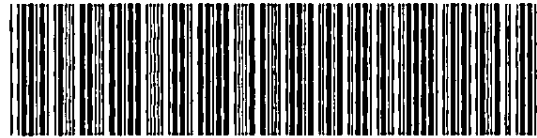
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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8/11/21  
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2021 AUG 11 PM 2:30  
FILE

Opal Enterprises LLC

Hello,

I'm sending you this change form to make two changes to Opal Enterprises LLC. I want to change my personal name on the company from "Jeff Balding" to "Jeffrey Balding" so it matches my other documents and bank accounts.

I'm also changing the company street address, since we're settled in our building now.

If you have any questions please feel free to call me. (615) 300-8918

Once the change is made, you can mail the documents to my mailing address.

Jeffrey Balding  
PO Box 681702  
Franklin, TN 37068

Thank you,



Jeffrey Balding  
Opal Enterprises LLC  
[jffbldng@gmail.com](mailto:jffbldng@gmail.com)  
(615) 300-8918

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Opal Enterprises 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:

Jeffrey BALDING  
Name of Person

Opal Enterprises LLC  
Firm/company

P.O. Box 682701  
Address

Franklin, TN 37068  
City/State and Zip Code

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

For further information concerning this matter, please call:

JEFFREY BALDING at ( 615 ) 300-8918  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 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**

Opal Enterprises 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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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)

2712 E. ATLANTIC Blvd  
Pompano Beach, FL  
33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 682701  
Franklin TN 37068

**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>
_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Need to change my name from  
JEFF BALDWIN to JEFFREY BALDWIN  
so it matches all my documents,

Please call if you have any questions

Thank you,

JEFFREY BALDWIN  
(615) 300-8918

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.

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 7-27-2021 ~~2020~~ 2021.



Signature of a member or authorized representative of a member

JEFFREY BALDWIN

Typed or printed name of signee

RECEIVED  
FBI 2:30  
JUL 28 2021