L23000451139

<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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OPIFICIUM	A LLC		
SUBJECT:		ited Liability Company	·
	, (4.15 5)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Erik Bjarnason		
		Name of Person	
	OPIFICIUM, LLC		
		Firm/Company	
	15825 Hampton Village D	т	
		Address	
	Tampa, FL 33618		
	bjamasonerik@gmail.com	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Erik Bjamason		727 5061188 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address: Registration S	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

	то	
ARTICLES OF	ORGANIZATION	Eliza 1
•	OF	
		1 1 1 SO
OPIFICIUM, LLC		
(A Florida Limited (A Florida Limite	pany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L23000451139		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" of	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:	PO Box 341222	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 33618	
		
D. If amonding the registered agent and/or registered offic	a address on our records enter th	ne name of the new registered
	e address on our records, <u>enter th</u>	ne name of the new registered
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new registered
agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new registered
	e address on our records, <u>enter th</u>	ne name of the new registered
agent and/or the new registered office address here:	e address on our records, enter the	ne name of the new registered

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
			□ Add
			□ Remove
			□ Add
		Remove	
			Change
			_ _Add
			□ Remove
			DAdd
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

http	s://search.sunbiz.org/Inquiry/CorporationSearch/SearchResults/OfficerRegisteredAgentName/Bjarnason%20Er
T ha	ive a PO Box, that is where my mail for Opificium, LLC will go too.
I ne	sed that to appear on SunBiz rather than my home address.
Als	o the company shows up twice.
_	
_	
_	
tive	date, if other than the date of filing: (optional)
fecti If t	ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.
rd s iled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
10	Z1Z3
	9.4Bh
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00