Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Empil	Address:	
rmall	ADDIESS:	

TAUG 16 AM 10 2.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPUS GROUP SERVICES LLC

Certificate of Status	0
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Page Count	04
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2821 AUG 16 PM 12: 56

Electronic Filing Menu

Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

Name of limited liability Company as it appears     State: OPUS GROUP SERVICES LLC	s on the records of the Florida Department of	<u></u>
Enter new principal office address, if applicable:		<u></u>
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M21000010490	
3. Jurisdiction of its organization: WY		<del></del>
4. Date authorized to do business in Florida: 08/1.	2/2021	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	it contain "Limited Liability Company, " "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	I for the purpose of transacting business in Florida and naging members adopting the alternate name. The alternate name. The alternate name.	d attach a ernate name
registered agent and/or the new registered office a		2821 AUG 1 6
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida Street Address	NSSEE P
	. Florida	F(2)
	City Zip C	alle 5
the provisions of all statutes relative to the proper	ont and agree to act in this capacity. I further agree to cand complete performance of my duties, and I am fai tered agent as provided for in Chapter 605, F.S. Or, i cin the registered office address, I hereby confirm tha	miliar with if this

itle/ Capacity	Name	Address <u>T</u>	ype of Acti
AGR	FORREST, PAM	4371 NORTHLAKE BLVD, UNIT 121	□Ado
		PALM BEACH GARDENS, FL 33410	<b>≣</b> Rem
IGR	Pamella J Forrest	4371 NORTHLAKE BLVD, UNIT 121	<b>\equiv \equiv</b> Ado
		PALM BEACH GARDENS, FL 33410	□Reπ
			□Ren
			□Ade
		AL CARRY	Remozi Auga
		than 90 days old, evidencing the	6 PH

Fiting Fee: \$25.00