

P16000100093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

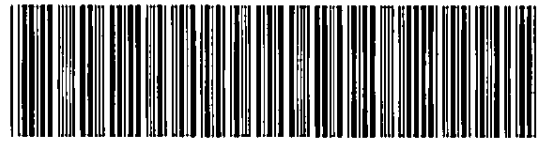
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received corrected profit form by
fax on 11/2/2018, from D.K.

Office Use Only



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S TALLENT
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18 NOV -2 PM 1:44
S. TALLENT
FILING OFFICE

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2018

DELIA KENNEDY
1006 NW 87 AVENUE APT 102
MIAMI, FL 33172

SUBJECT: OPUS 500 BUSINESS CONSULTING INC
Ref. Number: P16000100093

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00022513

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OPUS 500 BUSINESS CONSULTING INC

DOCUMENT NUMBER: P16000100093

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DELIA ROSA KENNEDY

Name of Contact Person

OPUS 500 BUSINESS CONSULTING INC

Firm/ Company

1006 NW 87 AVENUE APT 102

Address

MIAMI, FLA 33172

City/ State and Zip Code

OPUS500CONSULTING@AOL.COM

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

For further information concerning this matter, please call:

DELIA ROSA KENNEDY

at (786)

786-556-1397

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

OPUS 500 BUSINESS CONSULTING INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PI6000100093

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

5775 BLUE LAGOON DRIVE SUITE 300

MIAMI FL 33126

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1006 NW 87 AVE APT 102

MIAMI FL 33172

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent DELIA ROSA KENNEDY
1006 NW 87 AVENUE APT 102
(Florida street address)

New Registered Office Address: MIAMI, Florida 33172
(City) (Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>ROBERT D KENNEDY</u>	<u>1006 NW 87 AVE APT 102</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33126</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>PCEO</u>	<u>DELIA ROSA KENNEDY</u>	<u>1006 NW 87 AVENUE</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33126</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VPCOO</u>	<u>SANDRA NEU</u>	<u>1101SW 122 AVENUE APT 202</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FL 33184</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VPCFO</u>	<u>MARCIA SUAREZ</u>	<u>14251 SW 107th TERR</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33186</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 11 1 2018, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11 1 2018

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DELIA ROSA KENNEDY

(Typed or printed name of person signing)

PRESIDENT AND CHIEF FINANCIAL OFFICER

(Title of person signing)