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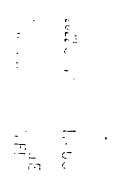
(Requestor's Name)
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A. BUTLER FEB - 1 2022

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Too TH	OFF	
30B/ECT	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Shan	requa Bennett	
	To	P T+ Off, LLC Firm/Company	
	4981	Lacoya Wary	
		Orlando, FL 3280 City/State and Zip Code	8
		nStyling @ yahoo. Con to be used for future andual report notification	
For further information con-	cerning this matter, please co	all:	
Shanezuo Nantior Po	Bennett	at (<u>863</u>) <u>651 – 3</u> Area Code Daytime Tel-	2158 ephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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 Seconds of Cor		Street Address: Registration Section Division of Corpora	ations
P.O. Box 6327		The Centre of Talla	Hassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOD IT OFF	L .
(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 May 4, 2018 and ass Florida document number	il Signed
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 agent and/or the new registered office address here:	w registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
City 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 comp	Arraiels elsa
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilic company has been notified in writing of this change.	th and iment is

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:

or removed from our records:	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		,	□Change
			□Add
			□Remove
			□Change
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effectiv <u>e:</u> If th	e date is listed ne date inser	d, the date me ted in this b	e date of fil ust be specific a block does no Department o	and cannot b it meet the	e prior to d applicable	ate of tiling	or more than filing requi	(opti 90 days after ements, thi	onar) r filing.) Pursu s date will n	ant to 605.020 ot be listed a
ord sp filed.	ecifies a del	ayed effecti	ive date, but r	ot an effec	ctive time,	at 12:01 a	.m. on the c	arlier of: (b) The 90th	day after the
:d	Jani	with	/8	<u>20</u>) <u>22</u>					
			Shane Signature of	a hember o	Sor authorized	eune ed represent:	ative of a me	nber		
			_	/		•				

Filing Fee: \$25.00