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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	OFT Investi	ments LLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Andrew McCutchen		
			Name of Person	
		OFT Investments LLC		
			Firm/Company	
		5418 W Crenshaw St		
			Address	
		Tampa, FL 33634		
		•	City/State and Zip Code	
		ofinvest77@gmail.com		
		E-mail address: (to be used for future annual report no	trlication)
For further i	nformation co	oncerning this matter, please co	all:	
Andrew Mc	Cutchen		813 470-0900 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e following amount:		
¥ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Address	c,	Street Address:	

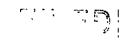
Registration Section

TO:

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**



OFT Investments LLC		Z0Z0 M. 15 5. Pri 6 : 拉
(Name of the Limited	d Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>i.)</u> 1
The Articles of Organization for this Limited Lia Torida document number L20000004008	ibility Company were filed on 12/23/2019	and assigned
his amendment is submitted to amend the follow	wing:	į
. If amending name, enter the new name of	the limited liability company here:	1
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	bie:	
Principal office address MUST BE A STREET	[ADDRESS)	
		i
		!
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		the name of the new regist
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		the name of the new regist
gent and/or the new registered office address Name of New Registered Agent:		the name of the new regist
gent and/or the new registered office address		
	<u>s here</u> :	<u> </u>

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. t

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>	Address	Type of Action
MGR	Amarilis F McCutchen	5418 W Crenshaw St	□Add
		Tampa, FL 33634	₩Remove
			□Change
		_	- I
			□Remove
			□Change
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is filed. Atted March 2 2020	
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Signature of a member or authorized representative of a member	
Andrew T McCutchen	

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Filing Fee: \$25.00