

121000477067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

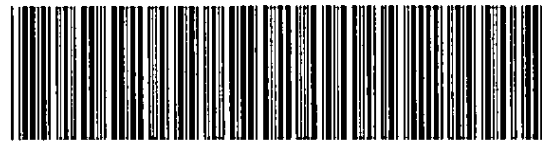
Special Instructions to Filing Officer:

Q. SILAS

MAR 18 2022

3/11/22

Office Use Only



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FILED
2022 MAR 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 11 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FL

February 25, 2022

JOHN RANDALL
2931 TRINITY COTTAGE DRIVE
LAND O LAKES, FL 34638

SUBJECT: PETTER OFF LLC
Ref. Number: L21000477067

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list only (1) person to become the new registered agent. You cannot have 2 registered agents.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 122A00004741

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Petter Off, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Randall

Name of Person

Petter Off, LLC

Firm/Company

2931 Trinity Cottage Drive

Address

Land o Lakes, FL 34638

City/State and Zip Code

Lorirandall95@gmail.com

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

For further information concerning this matter, please call:

Lori Randall

813

843-8358

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

*already
paid and
you deposited*

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

FILED

2022 MAR 11 PM 2:50

PETTER OFF LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/3/2021 and assigned
Florida document number L21000477067.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Red Door Events, LLC

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)

18865 State Road 54

Suite 169

Lutz, FL 33558

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18865 State Road 54

Suite 169

Lutz, FL 33558

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lori Randall

New Registered Office Address:

18865 State Road 54 Suite 169

Enter Florida street address

Lutz

Florida 33558

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 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.


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>	<u>Address</u>	<u>Type of Action</u>
AMBR	John Randall	2931 Trinity Cottage Drive	<input type="checkbox"/> Add
		Land o Lakes, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lori Randall	18865 State Road54	<input checked="" type="checkbox"/> Add
		Suite 169	<input type="checkbox"/> Remove
		Lutz, FL 33558	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Lee Randall
Signature of a member or authorized representative of a member

Lori Randall
Typed or printed name of signee

Filing Fee: \$25.00