

h22 0000 20676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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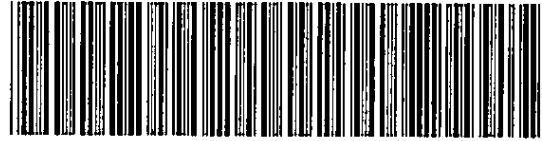
(Business Entity Name)

(Document Number)

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2021 FEB 28 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR - 8 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Off The Block Visuals, 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:

Ryan Hubb

Name of Person

Off The Block Visuals, LLC

Firm/Company

8141 Severn Dr. Unit D

Address

Boca Raton, FL 33433

City/State and Zip Code

info@otbvisuals.com

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

For further information concerning this matter, please call:

Ryan Bubb	402	430-6222
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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 FEB 28 PM 4:28

Off The Block Visuals, LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on Off The Block Visuals, LLC and assigned Florida document number L22000020676.

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 registered agent and/or the new registered office address here:

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 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>
MGR	Ryan Bubb	8141 Severn Dr.	<input checked="" type="checkbox"/> Add
		Unit D	<input type="checkbox"/> Remove
		Boca Raton, FL 33433	<input type="checkbox"/> Change
AR	Madison M Besch	8141 Severn Dr.	<input type="checkbox"/> Add
		Unit D	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33433	<input type="checkbox"/> Change
AR	Steven Miller	814 Lexington Ln.	<input type="checkbox"/> Add
		Papillion, NE 68046	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Kimo Scott	1303 Devon Cir.	<input type="checkbox"/> Add
		Papillion, NE 68046	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

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(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.

B. J. R. H.
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00