

L23000109571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

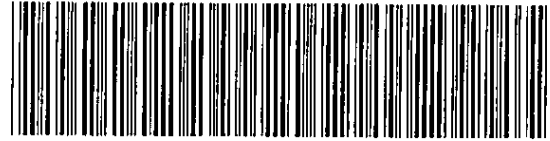
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE
TALLAHASSEE, FLORIDA

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STATE
TALLAHASSEE, FLORIDA

RECEIVED

08/26/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 8/26/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 128051

ORDER ENTITY

OFF THE WALL CONSULTING LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

OFF THE WALL CONSULTING LLC (FL)

File the attached amendment

NOTES:

525.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results

100

Name of the Limited Liability Company as it now appears on our records
 Atlanta Limited Liability Company

• 300,000,000

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

where $\mathbf{L}$ is the matrix of the linear transformation $\mathbf{L}$ from the space $\mathbf{L}_1$ to the space $\mathbf{L}_2$. The designation $\mathbf{L} = \mathbf{L}_1 \mathbf{L}_2$ is the abbreviation "L₁L₂".

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

App. of New Registered Agent

$$N_{\text{eff}} = 10^{10} \left(\frac{m_{\text{eff}}}{\text{GeV}} \right)^{-1} \left(\frac{g_{\text{eff}}}{10} \right)^{-1/4} \left(\frac{V}{10^{10} \text{ cm}^3} \right)^{1/4} \left(\frac{t}{10^{-10} \text{ s}} \right)^{1/4} \left(\frac{h}{100} \right)^{1/4}$$

* note: outside street address is

City _____, Florida _____
 Zip Code _____

New Registered Agent's Signature of Chairman or Registered Agent

I, _____, do hereby acknowledge, as true and correct, to act in this capacity. I further agree to comply with the provisions of the laws and regulations to the proper and complete performance of my duties, and I am familiar with and understand the position as registered as provided for in Chapter 602, F.S. or, if this document is being filed to make a correction to the registration record, I hereby confirm the information stated hereby constitutes the correct information relating to this change.

 If Changing Registered Agent, Signature of New Registered Agent

MGR Manager
 AMR Authorized Member

MGR	Manager
AMGR	Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *1. This is a blank mail sheet, if no change.*

1. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (specify)

Note: If a document is considered to be blackless, no meeting is applicable. Statutory filing requirements, this date will not be listed as the date of filing. If a document is not in the Department of State records.

(b) The 90th day after the date of the order, but not an effective date at 12:01 a.m. on the earlier of:

1. 2. 3.

It is important to note that the results of an analysis

1. *Chlorophyll a* (Chl *a*)

Filing fee: \$25.00