L23000109541

(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

900433175789

RECEIVED
2024 AUG 26 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
$25.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

_____
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 03/01/2023 and assigned document number P23000013257

The undersigned entity submitted to amend the following:

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

_____
(Must include the word and/or 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. I am familiar with and accept the duties and responsibilities as registered agent as provided for in Chapter 605, F.S. Or: If this document is being filed to change the registered agent, I hereby confirm that the named limited liability company has authorized the filing 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

Title	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ______________________________ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Filing Fee: $25.00