LZ3000257944

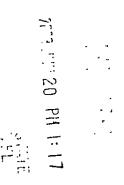
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/20/23--01030--012 **30.60



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Off The	Line Services LLC
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document numberL23000257944	Company were filed on May 25, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
	- -
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	; N
(Principal office address MUST BE A STREET ADD	u -
Trincipal Office address MOST BE A STREET ADD	RESS)
	2.5.7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registere</u>
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

COVER LETTER

TO: Registrat Division o				,	
cupuszer (Off The	ELine Services LLO	3	•	
SUBJECT:	,		ited Liability Company		
The enclosed Artic	les of An	nendment and fee(s) are sub	mitted for filing.		
Please return all co	rresponde	ence concerning this matter	to the following:		
			Kegan Grantham		
			Name of Person		
		Off	The Line Services LLC		
			Firm/Company		
			13907 120th ST		
			Address	, . , , <u></u>	
		L	ive Oak, FL. 32060		-53, EF1 20
			City/State and Zip Code		120
		Kegar	ngrantham@gmail.com to be used for future annual report notil	ication)	
For further informa	ition conc	erning this matter, please ca			
Kegan Gra			at (<u>386</u>) 984-7		
١	lame of Pe	rtson	Area Code Daytime	: Telephone Number	
Enclosed is a check	c for the f	ollowing amount:			
□ \$25.00 Filing H	ee I	\$\sqrt{\$30.00}\$ Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
<u>Mailing A</u> Registra		tion	Street Address: Registration Sec	rtion	
_		orations	Division of Con		
P.O. Box			The Centre of T		
Tallahas	see FI	32314	2415 N. Monroe	Street Suite 810	

Tallahassee, FL 32303

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	Benjamin Grantham	13907 120th ST. Live Oak, FL 32	060 MAdd
			□ Remove
			□Change
			□Add
			□Remove
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t atu a a te	tal al al la amu	ng. 6/15/2023		
ective date, if n effective date is i	other than the date of filit listed, the date must be specific at	ng:	(opt) ng or more than 90 days afte	ional) er filing.) Pursuant to 605.02
<u>te:</u> If the date in	inserted in this block does not ive date on the Department of	meet the applicable statutor	ry filing requirements, the	is date will not be listed:
dineir s checu	we date on the Department of	State's records.		
oard cranifics n	s dolorest affective data but a		n and the state of	
s filed.	a delayed effective date, but no	ot an effective time, at 12:01	. a.m. on the earner of: ()	b) The 90th day after th
ted	June 15th	2023		
		·		
	June 15th Kgu Kyu Signature of a	them		,
	Signature of :	mamber or outhorized consolid	ntative of a member	
	O Signature () ?	i member or authorized represe		-
<u></u>	Kegan Grant			#F1 20 P11

Filing Fee: \$25.00