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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

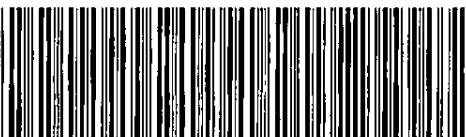
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SHERIFF, BREVARD COUNTY, FL  
FILER: LAURENNA LARASSE, FLS  
FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OFFLINE AI

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:

ANDREW HOAGLAND

Name of Person

OFFLINE AI MANAGEMENT CORP

Firm/Company

1002B S CHURCH AVE #18521

Address

TAMPA, FL 33629

City/State and Zip Code

ANDY@OFFLINEAI.CO

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

For further information concerning this matter, please call:

TANYA SOLOMON

Name of Person

at (813) 210-1908

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  
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

OFFLINE AI

(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 1/19/2024 and assigned Florida document number L24000037399.

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)

1002B S CHURCH AVE.  
#18521  
TAMPA, FL 33629  
2024 MAY 2 PM 1:19  
FLORIDA STATE  
TAMPA, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1002B S CHURCH AVE.  
#18521  
TAMPA, FL 33629  
2024 MAY 2 PM 1:19  
FLORIDA STATE  
TAMPA, FL 33629

**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:**

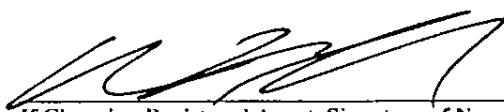
Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: 1002B S CHURCH AVE. #18521  
Enter Florida street address

TAMPA, Florida 33629  
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>
<u>MGR</u>	<u>ANDREW HOAGLAND</u>	<u>504 W GRAND CENTRAL AVE</u>	<input type="checkbox"/> Add
		<u>UNIT 114</u>	<input checked="" type="checkbox"/> Remove
		<u>TAMPA, FL 33601</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>OFFLINE AI MANAGEMENT CORP.</u>	<u>1002B S. CHURCH AVE</u>	<input checked="" type="checkbox"/> Add
		<u>#18521</u>	<input type="checkbox"/> Remove
		<u>TAMPA, FL 33629</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> 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)**

(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)

**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.

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

Dated APRIL 25 2024

Signature of a member or authorized representative of a member

ANDREW HORGLUND

Typed or printed name of signee