# L19 CCCC 76331

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APR 30 2019 T SCHROEDER

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

LOOKSIE & ENTERPRISE LLC

SUBJECT:

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:

## PABLO RODRIGUEZ

Name of Person

# BEST QUICK TAX RETURN S

Firm/Company

320 S. BUMBY AVE SUITE 10

Address

ORLANDO FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

### PABLO A RODRIGUEZ

<sub>at</sub> 407 \

396-7921

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 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Looksie & Exterorise LLC

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on 03/1	8/2019 and assigned
Florida document number L19000076331		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
LOOKSIE ENTERPRISE LLC		
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the desi	
Enter new principal offices address, if applica	ble:	AND TO THE REPORT OF THE PERSON OF THE PERSO
(Principal office address MUST BE A STREET	ADDRESS)	SS 22 E
		OF STATE ORI
Enter new mailing address, if applicable:		<u>ာက မှာ</u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>	41.5
B. If amending the registered agent and/or registered agent and/or the new registered offi	•	r records, <u>enter the name of the nev</u>
Name of New Registered Agent:	ALEX TAYLOR	
New Registered Office Address:	4327 S. HWY 27 SUITE	405
New Registered Office Address.	Enter Florida :	treet address
	CLERMONT	, Florida <u>34711</u>
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	

If Changing Registered Agent, Signature of New 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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager of Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALEXANDER J TAYLOR	4327 S. HWY 27 SUITE 405	
		CLERMONT FL 3471	¶ Remove
MGRM	ALEX TAYLOR	4327 S. HWY 27 SUITE 405	
		CLERMONT FL 3471	<b>1</b> □ Remove
			FILED  19 APR 22 PM 3: 55  S CALL SHALL STEEL FLORIDA  Add  Remove
			□ Remove
			Add
			Remove

active data if other than the date of filin	g:	(optional)
ective date, if other than the date of filin effective date must be specific, cannot be prior to da date this document is filed by the Florida Departmen		not be more than 90 days after
		not be more than 90 days after

Typed or printed name of signee

19 APR 22 PM 3: 8
SECNLIARY OF STATE
AND ANY SEEF OF ORDER

Page 3 of 3

Filing Fee: \$25.00