

L19000076331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

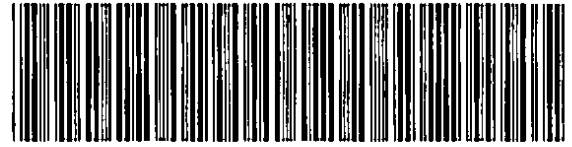
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 30 2019  
T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LOOKSIE & ENTERPRISE LLC**  
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** at **407** **896-7921**  
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



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|--------------------|--------------------------|--|
| MGRM         | ALEXANDER J TAYLOR | 4327 S. HWY 27 SUITE 405 | <input type="checkbox"/> Add               |
|              |                    | CLERMONT FL 34711        | <input checked="" type="checkbox"/> Remove |
| MGRM         | ALEX TAYLOR        | 4327 S. HWY 27 SUITE 405 | <input checked="" type="checkbox"/> Add    |
|              |                    | CLERMONT FL 34711        | <input type="checkbox"/> Remove            |
|              |                    |                          | <input type="checkbox"/> Add               |
|              |                    |                          | <input type="checkbox"/> Remove            |
|              |                    |                          | <input type="checkbox"/> Add               |
|              |                    |                          | <input type="checkbox"/> Remove            |
|              |                    |                          | <input type="checkbox"/> Add               |
|              |                    |                          | <input type="checkbox"/> Remove            |

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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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 16 2019



Signature of a member or authorized representative of a member

**ALEXANDER J TAYLOR**

Typed or printed name of signee

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**