

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO @ ABK CORP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOUGON, LLC

Certificate of Status	0
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Corporate Filing Menu

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2019 MAR 29 PM 11:25
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FLORIDA

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UHS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOUGON 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:

JULIA TEDESCO

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RD SUITE 140

Address

ORLANDO, FL 32311

City/State and Zip Code

INFO@ABKCORP.COM

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

For further information concerning this matter, please call:

JULIA TEDESCO

407 898 1757

Name of Person

at ()

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LOUGON, LLC

(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 08/28/2009 and assigned
Florida document number L09000083647.

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)

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: MARIA JOSE I. SAMPAIO

New Registered Office Address: 4992 MATTEO TRAIL

Enter Florida street address

ORLANDO, Florida 32839

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.

Maria Jose I. Sampaio
If Changing Registered Agent, Signature of New Registered Agent

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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>
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TO: 18506176383 FROM: 5612
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

STATE OF FLORIDA
TALLAHASSEE

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F. 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 entered 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 MARCH 28 1919

Signature of a member of syndicated representatives of a member

MARIA JOSE LOUGON SAMPAIO
MARIA JOSE LOUGON SAMPAIO
typed or printed name of signer

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