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(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
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Special Instructions to Filing Officer:
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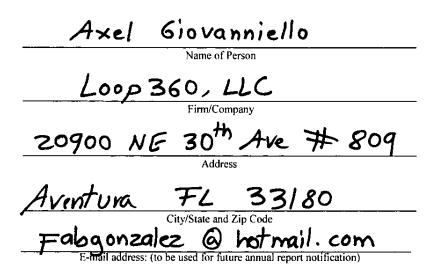
JUN 25 2013 T CLINE

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Loop 360, 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:



For further information concerning this matter, please call:

Axel 610 Vanniello at (305) 7227346

Name of Person

Area Code & Davtime Telephone Nu

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)

Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)

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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

LOOP 360, 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 Liabili	ity Company were filed on	05-14-	-/2 and	assigne	ed
Florida document number	• •			J	
This amendment is submitted to amend the followin	ng:				
A. If amending name, enter the new name of the	e limited liability company	here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Co	ompany," the designat	tion "LLC" or t	he abbro	eviation
Enter new principal offices address, if applicable					
(Principal office address MUST BE A STREET A	DDRESS)				
			<u> </u>	533	
			7-12	far:	
Enter new mailing address, if applicable:				<u>⊒=</u>	publication
(Mailing address MAY BE A POST OFFICE BOX	. <del></del> <b>Y</b> )		संबंध स्वाप	ţ.	
maning address 1971 BB 711 OST OT TICE BOX	<u> </u>	<del></del>	***	_ <del></del>	1 · · · · ·
			#451	<del></del>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>e</u>	nter the nam	ecof th	<u>1e new</u>
Name of New Registered Agent:	<del></del>				
New Registered Office Address:					
	Enter Florida street address				
		. Florid	da		
_	City	, = 10110	Zip C	ode	
New Registered Agent's Signature, if changing Regis	stered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Address** Type of Action Manager Tabian Gonzales 20900 NE 30th Ave #809 X Add Aventura FL 33180 HGRM Axel Giovanniello 20900 NE 30th Ave #809 Add Avestura FL 33180 Remove Remave Remove Add Remove

. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
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ated $5 - 23 - 13$	
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	Signature of a member or authorized representative of a member
	Atel Govanniello
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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