

L12 000065096

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(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 25 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 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:

Axel Giovanniello

Name of Person

Loop 360, LLC

Firm/Company

20900 NE 30<sup>th</sup> Ave # 809

Address

Aventura FL 33180

City/State and Zip Code

Fabgonzalez @ hotmail.com

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

For further information concerning this matter, please call:

Axel Giovanniello

Name of Person

at (305) 722 7346

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

Loop 360, LLC

The Articles of Organization for this Limited Liability Company were filed on 05-14-12 and assigned Florida document number L12000065096

Page 1 of 3

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	Fabian Gonzalez	20900 NE 30 <sup>th</sup> Ave #809	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove

MGRM	Axel Giovanniello	20900 NE 30 <sup>th</sup> Ave #809	<input type="checkbox"/> Add
		Aventura FL 33180	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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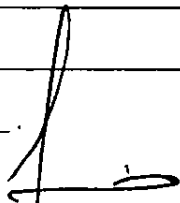
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Dated 5-23-13



Signature of a member or authorized representative of a member

AXEL GUARNIELLO

Typed or printed name of signee

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Filing Fee: \$25.00

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