

L13 (000)147444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

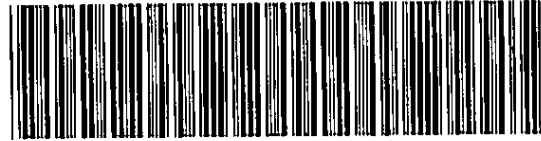
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/22--01026--001 **60.00

2022 AUG -4 PM 1:03

120/22




August 3rd, 2022

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I hereby request to change the name of the company Petra Connections LLC to Lokier LLC, I enclose the required form with the corresponding payment of 60 US dollars for filing fee, certificate of status and certified copy.

Sincerely,


Jose M. Sosa
Manager PETRA CONNECTIONS LLC
Petra Connections LLC

2022 AUG -4 PM 1:03

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

PETRA CONNECTIONS 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:

JOSE M. SOSA

Name of Person

PETRA CONNECTIONS LLC

Firm/Company

11077 BISCAYNE BLVD STE 406

Address

MIAMI, FL 33161

City/State and Zip Code
bufetejuridicoguate@gmail.com

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

For further information concerning this matter, please call:

JOSE M. SOSA

562 3367846

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PETRA CONNECTIONS LLC

2022 AUG -4 PM 1:03

(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 10/21/2013 and assigned
Florida document number L13000147444.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lokier LLC

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:

3550 BISCAYNE BLVD #507 MIAMI, FL 33137

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3550 BISCAYNE BLVD #507 MIAMI, FL 33137

(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:

REGOJO, ANTONIO

New Registered Office Address:

3550 BISCAYNE BLVD, #507

Enter Florida street address

MIAMI

City

Florida

33137

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.

If Changing Registered Agent, Signature of New Registered Agent

2002 AUG -4 PM 1:03

2022 AUG -4 PM 1:03

Note: If the date inserted 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.

Dated _____, _____

JOSE M. SOSA

Typed or printed name of signee