# 13000151824

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Recursive Loop 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:

# Stephen Tenberg

Name of Person

Firm/Company

1519 Salmonberry St.

Address

Wesley Chapel, FL 33543

City/State and Zip Code

stephenTenberg@gmail.com

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

For further information concerning this matter, please call:

Stephen Tenberg

813,421,2305

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

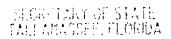
#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## FILED

2013 OCT 31 AM II: OI

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Recursive Loop LLC		
( <u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi Florida document number L13000151824	ility Company were filed on Octo	ober 28, 2013 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
-	City	, Florida 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 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 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 **Type of Action** Address <u>Title</u> **Name** Merly E. Tenberg 1519 Salmonberry St. MGRM Wesley Chapel, FL 33543 1519 Salmonberry St. Merly E. Tenberg MGR Wesley Chapel, FL 33543

. If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
Addressed to pro-	
ated October 29	2013
	Starten a. Jantes a?
	Signature of a member or authorized representative of a member
Stephen A	Tenberg
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

