1500c 141386

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		·

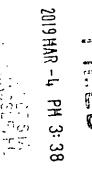
Office Use Only

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C. GOLDEN MAR - 6 2019

COVER LETTER

	Registration Sec Division of Corp		•	
SUBJEC	LOOZY, LL	С		
SUBJEC	1	Name of Limit	ted Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	to the following:	
		IRA R. SHAPIRO		
			Name of Person	
		IRA R. SHAPIRO, P.A.		
			Firm/Company	,
		16375 NE 18th Avenue, Sc	uite 225	
			Address	
		North Miami Beach, FL 33	3162	
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For furthe	er information co	ncerning this matter, please ca	all:	
305-944	_		at () 944-3936 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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



February 6, 2019

IRA R. SHAPIRO 16375 NE 18TH AVENUE SUITE 225 NORTH MIAMI BEACH, FL 33162

SUBJECT: LOOZY, LLC Ref. Number: L15000141386

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00002647

Claretha Golden Regulatory Specialist II

MAR -4 PM 3: 45

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 HAR - 4 PH 3: 38

LOOZY, LLC			
(Name of the Limit	ed Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	AHASSEE, FI
The Articles of Organization for this Limited L	iability Company wer	e filed on AUGUST 18, 2015	and assigned
Florida document number L15000141386	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability	company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability C	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able: _		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	 ROX)		
(maning address my) DE 11 (VO) (C11 (VO)			
B. If amending the registered agent and registered agent and/or the new registered o	or registered office ffice address here:	e address on our records, en	ter the name of the new
Name of New Registered Agent:	MOHEY ELSAYE	D	
N Demisser d Office Address	3340 NE 190 STRI	EET, #1105	
New Registered Office Address:		Enter Florida street address	
	AVENTURA	, Florida	33180
		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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
AMBR	SHADY AL-ZUBI	2851 NE 183rd Street, #1409	Add
		Aventura, FL 33180	≅ Remove
			Change
MGR	MOHEY ELSAYED	3340 NE 190 Street, #1105	 _ Add
		Aventura, FL 33180	Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			DAdd
			Remove
			Change
			Remove
			Change

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_	
Note: 1	e date, if other than the date of filing:
f the reco b) The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Jan 17 2019
	Jan 17 . 2019
	Signature of a member or authorized representative of a member
	SHADY AL-ZUBI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00