

# L170000148886

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

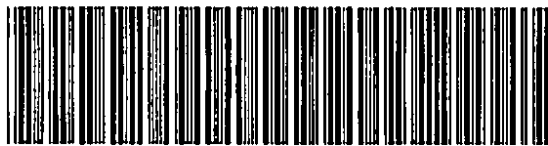
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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Monday, November 7, 2022

Rafael Delvix  
Delvix Garden, LLC  
800 NE 50th Ct  
Pompano Beach, FL 33064

To

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

I want to change the name of my company from Looloone, LLC to Delvix Garden, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Delvix Garden, 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:

Rafael Delvix  
Name of Person

Delvix Garden, LLC  
Firm/Company

800 NE 50th Ct  
Address

Pompano Beach, Florida 33064  
City/State and Zip Code

idelvix@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Delvix at ( 561 ) 8430270  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LooLoone, 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 Liability Company were filed on 07/11/2017 and assigned  
Florida document number L17000148886.

This amendment is submitted to amend the following:

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

Delvix Garden, 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:**

Rafael Delvix

**(Principal office address MUST BE A STREET ADDRESS)**

800 NE 50th Ct

Pompano Beach, FL 33064

**Enter new mailing address, if applicable:**

Rafael Delvix

**(Mailing address MAY BE A POST OFFICE BOX)**

116 Orland St Apt 1

Las Vegas NV 89107

**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:

Rafael Delvix

New Registered Office Address:

800 NE 50th Ct

*Enter Florida street address*

Pompano Beach

*City*

Florida 33064

*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.*

RAFAEL DELVIX

If Changing Registered Agent, Signature of New Registered Agent

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

I have also changed the EIN to 88-4231085

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 11/07/2022 . \_\_\_\_\_

Rafael Delvix  
Signature of a member or authorized representative of a member

RAFAEL DELVIX  
Typed or printed name of signee

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**

[illegible]