

L17000169677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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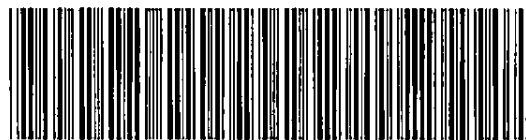
(Business Entity Name)

(Document Number)

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SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

S. WARREN

NOV 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOYAL APP 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:

MARIANO PONZANO
Name of Person
LOYAL APP LLC
Firm/Company
5005 COLLINS AVE #715
Address
MIAMI BEACH FL 33140
City/State and Zip Code
MARIANO PONZANO 91591401MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANO PONZANO at () 786 301 3275
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LOYAL APP LLC

The Articles of Organization for this Limited Liability Company were filed on 08/09/2017 and assigned Florida document number C17000169677.

LEASE AN APP LLC

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

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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

OCTOBER 31, 2017

Signature of a member or authorized representative of a member

MARIANO PONZANO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA