L17006 23910L

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:

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12/19/17--01004--010 **25.00





COVER LETTER

	on Section f Corporations	
SUBJECT:	LOOK Don't Touch LLL Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all co	respondence concerning this matter to the following:	
	Steve Celestine Name of Person	
	LOOK DON'T TOUCH LLC	
	12065 Nw Thave	
	Address	
	North Miam, F1 33168 City/State and Zip Code	
	NOWE Applicable - Same E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Steve	Celestine at (954) 371-6344 and of Person Area Code Daytime Telephone Number	
"	- Aca code Dayline (Cepanie Canaci	
Enclosed is a check	for the following amount:	
\$25.00 Filing F	ee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Look Don't Touch (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 4 / 7000 239106	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	NONE applicable	-
(Principal office address MUST BE A STREET ADDRESS)		一
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		name of the nev
Name of the Magneted Agent.	47.	
New Registered Office Address:	Enter Florida street address	
		Zip Code
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tony Branford	12065 NW 7th avenue	
	/	12065 NW 7th avenue North Miami, 33168	Remove
			Change
			Add
			🗆 Remove
			Change
			Remove
			Change
			Add
			☐ Remove
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			□ Remove
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ote: If the date inser	ted in this block does ate on the Departmer	not meet the app	plicable statutory	filing requireme	ents, this date will	not be listed a
ettinem serieetive e	ate on the Expanding	n () () (in the street)	10.7.			
record specifies	a delayed effect	ive date, but	not an effect	ve time, at 1	2:01 a.m. on t	he earlier
The 90th day aft	er the record is f	iled.				
nted <u>.Dec.</u>	84h	201	7			
	1/1	<u></u>				

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Filing Fee: \$25.00