K17000244668

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T. MATTHEWS APR -4 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
LOKIUS L		•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BARBARA RUIZ-GONZ	ALEZ	
		Name of Person	
	RUIZ-GONZALEZ LAW	PLLC	
	 	Firm/Company	
	PO BOX 833059		
		Address	
	MIAMI, FL 33283		
		City/State and Zip Code	
	barbara@ruizgonzalezlaw.c		
	E-mail address: (to be used for future annual report not	theation)
For further information c	oncerning this matter, please c	all:	
BARBARA RUZ-GONZALEZ		305 814-4224	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee.			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOKIUS LLC 22 ft = 2 ft + 3: 29

(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 $\frac{11\cdot29'2017}{11\cdot29'2017}$ and assigned Florida document number 1.17000244668 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 499 TALAVERA ROAD Enter new principal offices address, if applicable: WESTON, FL 33326 (Principal office address MUST BE A STREET ADDRESS) 499 TALAVERA ROAD Enter new mailing address, if applicable: WESTON, FL 33326 (Mailing address MAY BE A POST OFFICE BOX) 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: CAROLINA DIAZ Name of New Registered Agent: 499 TALAVERA ROAD New Registered Office Address: Enter Florida street address ___. Florida 33326 Zin Code WESTON Cin

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, 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>	Type of Action
MGR	SONIA HINESTROSA	4688 NW 103 CT	
		DORAL, FL 33178	≣ Remove
			□Clumge
			□Add
			□Change
			⊐Add
			□Remove
			□Clunge
			
			□Remove
]Chringe
			□Remove
			□Change
			□Add
			□Remove
			□Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to de te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
$\frac{1}{1}$ march $\frac{2022}{1}$	

Typed or printed name of signee