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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

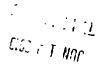
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT: Lokya's	Corner LLC		
			ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Dawn De Jesus		
			Name of Person	
		Lokya's Corner LLC		
			Firm/Company	
		433 Rocky Grove		
			Address	
		Sanford FL 32771		
		lokyas.comer@gmail.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For fu	irther information o	oncerning this matter, please ca	all:	
Daw	n De Jesus		at (305) 587-154	3
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclo	sed is a check for the	ne following amount:		
□ \$3	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)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Sect Division of Corp	
		ox 6327	Clifton Building	granotis

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Lokya's Corner LLC	£249 HILL .	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records:) — U	भ अस्य
		- · ·

The Articles of Organization for this Limited L	iability Company	were filed on	ALLANACIO DE L'and assigned
Florida document number L18000263522	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3030 N. Rock	y Point Dr.
(Principal office address MUST BE A STREET ADDRESS)		STE 150A	
		Tampa FL 33607	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3030 N. Rock	xy Point Dr.
		Tampa FL 33	607
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address her		
New Registered Office Address: 7901 4t		4th St N STE 300	
		Enter Florida street address	
	St. Peters	burg	, Florida 33702
		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, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Dawn De Jesus	433 Rocky Grove Lane	_ Add
		Sanford, FL 32771	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
		Change	
_ .			Add
			□ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
			☐ Change

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necess	cary.)
		
		
		
		<u> </u>
		
		_
		
		<u></u>
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	st be specific and cannot be prior to date of filing or more than 90 days after fill lock does not meet the applicable statutory filing requirements, this disconnections are the same of the second s	ing.) Pursuant to 605.0207 (3)(b
If the record specifies a delayed (b) The 90th day after the reco	d effective date, but not an effective time, at 12:01 a.r ord is filed.	n. on the earlier of:
Dated June 1	2019	
	Signature of a member or authorized representative of a member	
Dawn De J	lesus	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00