# 19000070860

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JUL 23 2019 — Kirisey

### **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT:	Loke Hold	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Kurt	CAL M Name of Person	
	Loke	Holdings LC	<u> </u>
		Address	
	Plantat	City/State and Zip Code  Name of the Code	25
	KURTCAI E-mail address: (1	N @ gm A1 L COr	ecation)
For further information of	concerning this matter, please ca	ill:	
Kurt Name (	CAN of Person	at ( <u>713</u> ) <u>927</u> Area Code Daytime	- ZO7O
Enclosed is a check for t	he 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 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

Loke Holding	s. LLC							
(Name of the Limited Liability Companies (A Florida Limited L	ny as it now appears on our liability Company)	records.)						
The Articles of Organization for this Limited Liability Company were filed on MARCH 13, 2019 and assigned Florida document number L19 0000 70860								
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 Liabil	lity Company," the designation	on "LLC" or the abbreviat	ion "L.L.C."					
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS)				<del>.</del>				
		SECOL	ال واقع ا					
Enter new mailing address, if applicable:		<u></u>	_ <del></del>	Market 19				
(Mailing address MAY BE A POST OFFICE BOX)		ASSET	5 AH	3 6				
B. If amending the registered agent and/or registered o	ffice address on our	records, enter the	∏. Name of	the ne				
registered agent and/or the new registered office address her	<u>.6</u> :							
Name of New Registered Agent:			<u>-</u>	<del></del>				
New Registered Office Address:	Enter Florida stre	get address						
	Line, 1 million and							
	City	Florida Zi	p Code					
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>							
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my at provided for in Chapte	uties, and 1 am jamii er 605, F.S. Or, if th	iar wuu c is docum	ent is				

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>	Name	Address	Type of Action
AP/MGR	LOGAN CAIN	11540 SW 317 St.	Add
	·	Plantation, FL 33325	Remove
			□ Change
AP/MGR	KENZO CAIN	11540 SW 354 ST.	🗖 Add
,		PLANTATION, FL 33325	Remove
			Change
			D Add
			Remove
			Change
,			
			Remove
			Change
			Remove
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			Add
			□ Remove
			Change

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f an eff Note:	we date, if other than the date of filing:
ne re The	tord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier ogoth day after the record is filed.
Dated	July 11, 2019
	Signature of a member or authorized representative of a member
	Kurt CAIN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00