

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CRICHTON MULLINGS & ASSOCIATES PA

Account Number : I:20070000038

Phone Fax Number : (954)862-2250 : (954)862-2251

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

detimpson@crichtonmullines

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOKE HOLDINGS, LLC

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Corporate Filing Menu

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COVER LETTER

	Registration Secti Division of Corpo					
CUB IC~	r .	LOKE HOLDINGS, L	LC			
SUBJECT	l: <u></u>	Name of Limi	ted Liability Company			
		mendment and fee(s) are subtence ∞ncerning this matter t				
			Dawn Stimpson			
Name of Person			Name of Person			
		CrichtonMullings CPAs PA				
			Firm/Company			
		335	50 SW 148th Avenue, Su	uite 203		
			Address			
			Miramar, FL 33027			
			City/State and Zip Code			19.
		dstimpson@crichtonmullings.com E-mail address: (to be used for future ennual report notification)				
For furthe	er information con	cerning this matter, please ca		15port nounte	ation	FILES
Dawn Sti	impson			52-2250		
	Ναικ όΓΕ	Person	al () Area Code	Daytime T	Celephone Number	
Enclosed	is a check for the	following amount:				
\$25.0	0 Filing Fee	■ \$30,00 Filing Pee & Certificate of Status	(addittoral copy is en		Certified C	of Status &
	MAILIN	IG ADDRESS:	STREE	T/COURIE	R ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	= · · · · · · · · · · · · ·	
(Name of the Limited Li (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L19000070860	ty Company were filed on March 13, 2019	and assigned
This amendment is submitted to amend the following	g:	
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	he abbreviation "L.L.C."
Enter new principal offices address, if applicable		99 6 N
(Principal office address MUST BE A STREET AL	ODRESS)	
		- 6 G
		19 19 19 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		ter the name of the new
Name of New Registered Agent:		
(Name of the Limited Liability Company as it now agreement on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 13, 2019 and assigned Florida document number L19000070860 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". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:		
	s Limited Liability Company were filed on March 13, 2019 and assigned 70860 end the following: lew name of the limited liability company here: d contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ass, if applicable: E A STREET ADDRESS) olicable: T OFFICE BOX) agent and/or registered office address on our records, enter the name of the new egistered office address here: Agent: ddress: Enter Florida street address Florida	
_		
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	KURT CAIN	11540 SW 3RD ST	= Add
		PLANTATION, FL 33325	Add
		FEANTATION, FE 33323	□ Remove
			Change
		·····	□ Add
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			Change
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			Change 26 Remove 51
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	7 (1) 220	i i
(If an efter <u>Note:</u> If	tive 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 603.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.	207 (3 as th
) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filed.	of:
Dated _	July 24, 2019 Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	KURT CAIN	
	Typed or printed name of signee	

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Filing Fee: \$25.00