

L19000097429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

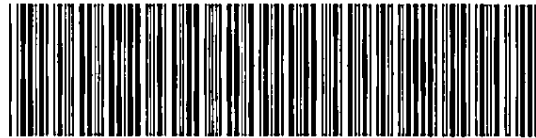
(Business Entity Name)

(Document Number)

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NOV 16 2020

S. YOUNG

FILED  
2020 OCT -9 PM 4:39  
CLERK OF COURT  
JANET L. YOUNG  
CLERK OF COURT  
JANET L. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Look at the Data, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Hoffmann

\_\_\_\_\_  
Name of Person  
Look at the Data, LLC

\_\_\_\_\_  
Firm/Company  
605 West Flagler Street

\_\_\_\_\_  
Address  
Miami, FL 33130

\_\_\_\_\_  
City/State and Zip Code  
admin@latd.ai

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Hoffmann                      305      747-1750  
\_\_\_\_\_  
Name of Person                      at (      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Look at the Data, LLC

(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 April 08, 2019 and signed

Florida document number L19000097429

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 "L.L.C."

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:**

Name of New Registered Agent:

New Registered Office Address:

*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

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                             | <u>Type of Action</u>                      |
|--------------|----------------|--------------------------------------------|--------------------------------------------|
| MGR          | Bernardo Lopez | 605 West Flagler Street<br>Miami, FL 33130 | <input type="checkbox"/> Add               |
|              |                |                                            | <input checked="" type="checkbox"/> Remove |
|              |                |                                            | <input type="checkbox"/> Change            |
|              |                |                                            | <input type="checkbox"/> Add               |
|              |                |                                            | <input type="checkbox"/> Remove            |
|              |                |                                            | <input type="checkbox"/> Change            |
|              |                |                                            | <input type="checkbox"/> Add               |
|              |                |                                            | <input type="checkbox"/> Remove            |
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|              |                |                                            | <input type="checkbox"/> Add               |
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|              |                |                                            | <input type="checkbox"/> Change            |
|              |                |                                            | <input type="checkbox"/> Add               |
|              |                |                                            | <input type="checkbox"/> Remove            |
|              |                |                                            | <input type="checkbox"/> Change            |
|              |                |                                            | <input type="checkbox"/> Add               |
|              |                |                                            | <input type="checkbox"/> Remove            |
|              |                |                                            | <input type="checkbox"/> Change            |

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated October 5th 2020

*William V.*

Typed or printed name of signee