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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOFten Home and Decor  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:
Jose A. Ruez Name of Person
Name of Person
Luften Home and Decor
46/6 Bostick arcle
Address
Tampa, FL 33634  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose A. forcz at 813, 446-0646
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee & Certificate of Status

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

Loften Home an	d Decor	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000164152</u> .	were filed on $\frac{6/21/19}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u> LOFTCO LLC	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	4616 Bostick Gircle	-
(Principal office address MUST BE A STREET ADDRESS)	Tampa 1 FL 33639	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4616 Bostick Circle Tampa, FL 336945	- -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		<u>1ev</u>
Name of New Registered Agent:	<del>:</del>	-
New Registered Office Address:	Enter Florida street address	-
	, FloridaZip Code	-
	cny zap 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□ Remove
			Change
			Add
			□ Remove
		<del></del>	Change
			□ Add
		<del></del>	Remove
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			□ Remove
			□ Change
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		<del> </del>	□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	<del></del>
. Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the firm of	ne earlier of:
Dated <u>July 12th</u> , <u>2019</u> .	
Structure of a member or authorized representative of a member	<del></del>
JOSC A. Rece Z. Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00