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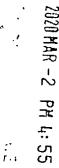
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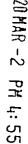


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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOOP DE LOOP NESTMENTS, 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:
HOLLY BUTLER-PARISH Name of Person
LOOP DE LOOP JUVESTIMENTS, LLC
221 NIO MAGNOLIA LAKES BLVD Address
PORT ST. LIVIE FL 34986  City/State and Zip Code  1009-0e-10091972 @gmil.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Holly Butler-Brish at (772) 631-3038  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status ☐ Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOOP DE LOOP INVEST (Name of the Limited Liability Compa (A Florida Limited)	HENS, LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000227800</u> .	were filed on $9-9-19$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LOOP DE LOOP BOUTIQUE, L. The new name must be distinguishable and contain the words "Limited Liabil	LC lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	221 NW Magnal	nlakes BIH
(Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie,	<del>-</del>
		2010
Enter new mailing address, if applicable:	Same .	HAR.
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	'J
Name of New Registered Agent:	abmitted to amend the following:  Inc., enter the new name of the limited liability company here:  LOP BOUTIQUE, LLC  istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  offices address, if applicable:  POVE ST. LUCIE, FC 349,816  address, if applicable:  Same  Ty BE A POST OFFICE BOX)  registered agent and/or registered office address on our records, enter the name of the frew registered vergistered office address here:  we Registered Agent:	
New Registered Office Address:	Enter Florida street address	
	Florid	la

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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u>/</u>	□Add
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,			Remove
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			□ Add
			□Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effectiv Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	1011 L. Buller-Parish Typed or printed name of signee