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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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EBRED OF CESSION THE

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

· TO:

SUBJECT: LOOP FL.1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NIR SHEMER	Name of Person	·
	LOOP FL LLC	Name of Person	
	TAN TO THE	Firm/Company	
	2755 E OAKLAND PARE	C BLVD SUITE 301 Address	
	FORT LAUDERDALE. F	L 33306	2022 SER
	info@mpgfl.com	City/State and Zip Code	SECRETAN TALLAN
		to be used for future annual report not	ification) 5
For further information c	oncerning this matter, please c	all:	
Frank Brito		at (631 Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number ਵਿੱਚ
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOOP FL LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000251956</u> .	were filed on 10/07/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		723
		15 To
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		11, 0
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	Enter Funda Migel address	
	, Flo	orida Zip Code
	City	Lip 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>	Address	Type of Action
MGR	SAMI KATRI	2755 E OAKLAND PARK BLVD SUITE 301	= Add
		FORT LAUDERDALE, FL 33306	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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Effective date,	if other than the	date of filing t be specific and	g: 9/1/2023 I cannot be prior	to date of filing	or more than 90 da	(optional) iys after filing.)	Pursuant	to 605,0207
Note: If the da	te inserted in this blective date on the D	ock does not n	neet the applic	able statutory	filing requiremen	nts, this date	will not b	e listed as
the record specific cord is filed.	es a delayed effectiv	e date, but not	an effective ti	me, at 12:01 a	.m. on the earlie	rof:(b) The	: 90th day	y after the
		,	2023	J	N			

Filing Fee: \$25.00

Typed or printed name of signee