L19000251956

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
	hange- Loop FL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
r rease return an correspo	ondence concerning this matter	to the following.	
	Johnathan Ibarra-Blackmo	киј	
		Name of Person	
	Astra Property Group		
	-	Firm/Company	
	152 NE 167th St. Suite 40)5	
		Address	
	Miami FL 33162		
		City/State and Zip Code	
	info@astrapg.com	•	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Johnathan Ibarra-Blacki	ncon	954 372-1043 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
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)
Mailing Addres		Street Address:	
Registration 5		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 PLIAC			
(<u>Name of the Limite</u> (<u>d Liability Compa</u> A Florida Limited	any <u>as it now appears on our</u> Liability Company)	records.)
The Articles of Organization for this Limited Lia lorida document number 1.19000251956	ibility Company	were filed on 10/07/2019	and assigned
his amendment is submitted to amend the follo	wing:		
a. If amending name, enter the new name of	the limited liab	oility company here:	
		_	
he new name must be distinguishable and contain the we	rds "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	152 NE 167th St. Suite	405	
(Principal office address MUST BE A STREET ADDRESS)		Miami FL 33162	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	(OX)	152 NE 167th St. Suite Miami Fl 33162	405
		-	
. If amending the registered agent and/or regent and/or the new registered office address		address on our records,	enter the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	152 NE 167th	St. Suite 405	
		Enter Florida street	address
	Miami		Florida <u>33162</u>
		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 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	Shemer, Nir		□Add
			□Remove
		152 NE 167th Ste 405 Miami FL 33162	= Change
AMBR	Jambor, Jolanthe		□Add
			□Remove
		152 NE 167th Ste 405 Miami FL 33162	≣ Change
MGR	Katri, Sami		🗆 Add
			□Remove
		152 NE 167th Ste 405 Miami FL 33162	= Change
			□Add
			,
			□Change
			□Add
			□Remove
			□Change
			☐Add
			□Remove
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ffecti	ve date, if other than the date of filing: (5)/5/2029 (optional) retive 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 60.	\subseteq

Filing Fee: \$25.00