## L200CCC2946C

	118
(Requestor's Name)	
(Address)	111
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
512	
517	



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04/23/20--01013--021

Office Use Only

DM 5/22/20) May 5, 2020

GREGORY LOUGHNEY 4495 11TH AVE SW NAPLES, FL 34116

SUBJECT: LOUGHNEY ENTERPRISES LLC

Ref. Number: L20000029466

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

> : :

Letter Number: 920A00009188

www.sunbiz.org

SUBJECT: LOU	ghney Enterp	rises LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Gregory	Loughney Name of Person	
	Loughney	Enter Priss LLC Firm/Company	
	4495 11#	AJe S.W.	
	Maples,	FL. 34116 City/State and Zip Code	
		to be used for future annual report notif	lication)
For further information con-	cerning this matter, please ca		
Gregery Name of Po	Loughney	at ( <u>239</u> ) 465 · Area Code Daytime	-5383 c Telephone Number
Enclosed is a check for the	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 Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations
Registration Sec Division of Cor P.O. Box 6327	porations	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810

TO:

Registration Section Division of Corporations

## TO ARTICLES OF ORGANIZATION OF

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Loughney	Ender	Prises	2020 HAY 21	PM 4: 2
(Name of the Limited L (A F	iability Compar Florida Limited L	y as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil	lity Company	were filed on <u>C</u>	1/23/20	and
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the do	esignation "LLC" or the	abbreviation
Enter new principal offices address, if applicable	e:			<del></del>
(Principal office address MUST BE A STREET A	(DDRESS)		<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ddress on our ro	ecords, <u>enter the na</u>	me of the
Name of New Registered Agent:			<del></del> -	<del></del>
New Registered Office Address:		Enter Flor	nda street address	
			, Florida _	
_		City		Zıp Ce

## 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 confirm of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a being filed to merely reflect a change in the registered office address, I hereby confirm that the limited like company has been notified in writing of this change.

or removed ire	om our records:	•			
MGR = Man AMBR = Auti	ager horized Membe	r			
<u>Title</u>	Name	<u>::</u>	Address		<u>Ty</u> 1
MGR	Gregory	Laughney	4495	11th ave S.W. Nades, FL 34116	Ü
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O. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	tive date, if other than the date of filing:  (optional)  tive 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 find the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be not's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day id.
Dated _	5/19/20 Juny Juny
	Signature of a member or authorized representative of a member
	Cregary Loughney
	Typed or printed name of signee

Different Contract