

L20 000273864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

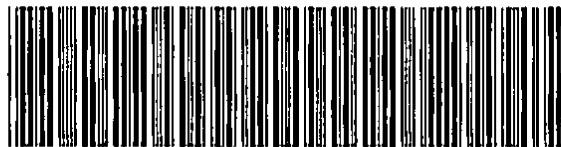
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2021 MAR 11 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FL

3/17/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 MAR 03 10 01 AM

March 2, 2021

SAMUEL E ROMERO
6395 CORPORATE CENTRE BLVD 207
ORLANDO, FL 32822

SUBJECT: LOOS RECKON SERVICES LLC
Ref. Number: L20000273864

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):

It is unclear what you are wanting to Amend. If you would like file an Amendment, please complete the form.

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: 721A00004505

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOOS RECKON SERVICES 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:

SAMUEL E ROMERO

Name of Person

6395 CORPORATE CENTER BLVD, APT 207

Firm/Company

Address

ORLANDO, FL 32822

City/State and Zip Code

samuclerr.07@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL E ROMERO

407 579-2343

at ()

Name of Person

Area Code

Daytime Telephone Number

I am enclosing a check for the following amount:

☐ 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)

Filing 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

FILED

2021 MAR 11 PM 6:06

LOOS RECKON SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/02/2020 and assigned
Florida document number L20000273864.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

LOOS RECKON SERVICES LLC

New name must be distinguishable and contain the words "Limited Liability 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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

When changing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
to merely reflect a change in the registered office address. I hereby confirm that the limited liability
has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

AGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Effective Date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

d Orlando

01/12/2021

SAMUEL E ROMERO

Typed or printed name of signee