

L200000287963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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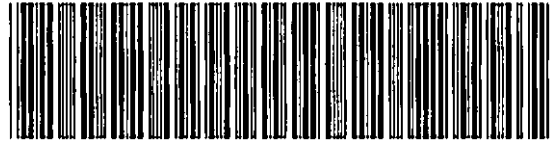
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Looptack, 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:

Hamden H. Baskin, III, Esq.

Name of Person

Baskin Eisel Rightmyer Attorneys at Law

Firm/Company

14020 Roosevelt Blvd., Suite 808

Address

Clearwater, FL 33762

City/State and Zip Code

tractionre@gmail.com

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

For further information concerning this matter, please call:

Hamden H. Baskin, III, Esq.

727 572-4545
at ()

Name of Person

Area Code

Daytime 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 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

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TALLAHASSEE, FL
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Looptack, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9-14-2020 and assigned Florida document number L20000287963.

This amendment is submitted to amend the following:

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

The 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)

5101 N. Rome Avenue

Tampa, FL 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5101 N. Rome Avenue

Tampa, FL 33603

B. If amending 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

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

It 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeremy S. Vanderloop	5101 N. Rome Avenue	<input type="checkbox"/> Add
		Tampa, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matthew Tack	5101 N. Rome Avenue	<input type="checkbox"/> Add
		Tampa, FL 33603	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
TALL

Note: 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.

Dated November 11/28/2022, 2022

Matthew Tack

~~68013D-7ADE5406~~

Signature of a member or authorized representative of a member

Matthew Tack

Typed or printed name of signee

Filing Fee: \$25.00