L20 000336405

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

RESERVIO

2021 JUN 30 AM 11: 45

June 11, 2021

FRANK ADAMO 10956 CHITWOOD DR. JACKSONVILLE, FL 32218

SUBJECT: LOOP U IN, LLC Ref. Number: L20000336405

We have received your document for LOOP U IN, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 921A00012927

COVER LETTER

	Name of Limi	ited Liability Company	
	nendment and fee(s) are sub-		
	(-)	mitted for filing.	
urn all corresponde	ence concerning this matter	to the following:	
	Frank Adamo		
		Name of Person	
	Loop U In, LLC		
		Firm/Company	
	10956 Chitwood Dr		
		Address	***************************************
	JACKSONVILLE, FL 322	218	
		City/State and Zip Code	
	frankadamo@loopyouin.com	m_	
		all:	icasum
	erson		e Telephone Number
is a check for the f	following amount:		
O 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)
i	amo Name of Po	JACKSONVILLE, FL 322 frankadamo@loopyouin.co E-mail address: (er information concerning this matter, please ca amo Name of Person is a check for the following amount: 0 Filing Fee \$30.00 Filing Fee &	Name of Person Loop U In, LLC Firm/Company 10956 Chitwood Dr Address JACKSONVILLE, FL 32218 City/State and Zip Code frankadamo@loopyouin.com E-mail address: (to be used for future annual report notified information concerning this matter, please call: amo Name of Person at (863) 801-1329 Name of Person Area Code Daytime is a check for the following amount: 0 Filing Fee \$555.00 Filing Fee & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loop U In, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as It now appears on our recor- ility Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company we	re filed on 10/22/2020	and assigned
	TO THE OIL TO PER POPULATION	and assigned
Florida document number 1.20000336405		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Loop You In, ŁLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Trincipal bifict dadress most be A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add	ress on our records, enter	the name of the new registere
agent and/or the new registered office address here:		-1
		<u> </u>
Name of New Registered Agent:		Č-
	***	: (.)
New Registered Office Address:	Enter Florida street addre.	<u>~</u>
	THE FIOTING SPEEL GULLE.	<u></u>
		lorida
	City	lorida
New Registered Agent's Signature, if changing Registered Agent:		· ō
l hereby accept the appointment as registered agent and agree to brovisions of all statutes relative to the proper and complete per	o act in this capacity. I fur	urther agree to comply with the 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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Петюvе
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			□Remove
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te: If the dat	inserted in this block of tive date on the Depart	loes not meet the appli	cable statutory filing	requirements, this da	te will not be listed as
ened specifie	s a delayed effective dat	e. but not an effective	time, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after the
s filed.		-, - :	•		
ted April 30		, 2021	*		
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Filing Fee: \$25.00