

h21000105135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

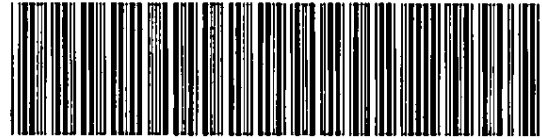
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/21--01010--010 **25.00

21 APR 29 AM 8:01
FILING OFFICE
4/29/21 8:01 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Looda Multi Media Int'l 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:

Randwise Alcineus
Name of Person

Looda Multi Media Int'l LLC
Firm/Company

2135 Cove Lake Road
Address

North Lauderdale 33068
City/State and Zip Code

mrslooda@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randwise Alcineus at (754) 368 12 90
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STATE OF FLORIDA
DEPARTMENT OF REVENUE

Louda Multi Media INSTZ LLC 7/15/29 AM 8:01
(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 _____ and assigned Florida document number 21000105135

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)

2135 Cove Lake
Road
North Lauderdale 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2135 Cove Lake
Road
North Lauderdale 33068

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:

Raymond Leon Adderly

New Registered Office Address:

2135 Cove Lake Road

Enter Florida street address

North Lauderdale, Florida 33068

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.

Raymond Leon Adderly
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:

MGR = Manager

AMBR = Authorized Member

STATE OF FLORIDA
WATER & SUBMERGATION

21 APR 29 AM 8:01

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Sally Despinose	4540 NW 36th St	<input type="checkbox"/> Add
		Lauderdale Lake 33719	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Raymond Adderly	2135 Cove Lake	<input checked="" type="checkbox"/> Add
		Road, North Lauderdale	<input type="checkbox"/> Remove
		33068	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).

DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

21 APR 29 AM 8:01

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: April 26, 2021 (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 26, 2021

Signature of a member or authorized representative of a member

Louise Alkins
Typed or printed name of signee