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| (Requ | iestor's Name) | | | |
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| | | MAIL | | |
| (Busin | ness Entity Nam | e) | | |
| (Docu | iment Number) | <u>.</u> | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | | | | |



02/28/22--01001--001 **25.00



O SIMMONS

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| <i>,</i> | • | |

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LooseLeaf International LLC

| Signature | | | | Art of Inc. File |
|---------------|--------------|------|----------|----------------------------------|
| Signature | | | | Vehicle Search |
| Requested by: | Date | Time | | UCC 1 or 3 File UCC 11 Search |
| Walk-In | Will Pick Up | | <u> </u> | UCC 11 Retrieval |

COVER LETTER

TO: Registration Section Division of Corporations

LooseLeaf International LLC

SUBJECT:

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:

Romy B. Jurado

Name of Person

Firm/Company

10800 Biscyane Blvd. Suite 850

Address

Miami, FL 33161

City/State and Zip Code

romy@juradolawfirm.com

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

at (

For further information concerning this matter, please call:

Lourdes Pomar

Name of Person

305 921-0976

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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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|---|---|--|---|---|
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF 2022 FFR 25 AM 0:00

| M&H VENTURES LLC | | | 2 111 2.23 |
|--|--------------------------------|---|----------------------------|
| (<u>Name of the Lim</u> | ited Liability Comp | SECTOR any as it now appears on our records: Liability Company) | <u>Y 95 STATE</u> |
| | | | |
| The Articles of Organization for this Limited I | liability Company | were filed on 07/12/2021 | and assigned |
| Florida document number 1.21000317076 | · | | _ |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited lial | pility company here: | |
| LooseLeaf International LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STREE | <u>ET ADDRESS)</u> | | |
| | | | |
| Participant of the state of the state | | 12719 Darla Avenue | |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) | | | |
| | | Granada Hills, CA 91344 | |
| R If amonding the registered month of the | | | |
| B. If amending the registered agent and/or a agent and/or the new registered office addre | registered office | address on our records, <u>enter the</u> | name of the new registered |
| | | | |
| Name of New Registered Agent: | Romy B. Jurado | | |
| New Registered Office Address: | 10800 Biscyane Blvd. Suite 850 | | |

Enter Florida street address

_, Florida <u>33161</u> 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.

City

Miami

If Changing Registered Agent, Signature of New Registered Agent

the second second

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|-------------------------|----------------|
| AMBR | Max Ramaswami | 12719 Darla Avenue | ■Add |
| | | Granada Hills, CA 91344 | |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(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.

Eebruary 24th

2022

Max Ramaswami Signature of a member or authorized representative of a member

Max Ramaswami

Typed or printed name of signee