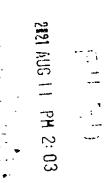


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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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Special Instructions to	Filing Officer:	
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08/11/21--01010--033 **60.00





COVER LETTER

SUBJECT:	_comis Landho	ldings LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Loonis Name of Person			
		Firm/Company	
	36013 W	Palmira Ave Address	
For further information			,
		at (6/3) 245 Area Code Daytin	- 1フはし ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre	ess:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Loomis L	andholdings LLC	
(Name of the Limited I (A I	iability Company as itnow appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil		14, 202 land assigned
Florida document number <u>L 21 000 3</u>	21284	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "IL.C."
Enter new principal offices address, if applicable	2 :	
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
		179
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		2
B. If amending the registered agent and/or regis agent and/or the new registered office address here.		enter the name of the new registered
agent and of the new registered office address no	ere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Liability Company were filed on	
_		
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marija Kuzmic	3613 W Palmira Ave	🗆 Add
		Tampa, FL 33629	NRemove
			□Change
MUR	Michael Loomis	3613 W Palmira Aug	[3]\(\lambda\)
		Je13 W Palmira Aue Tampa, FL 33629	□Remove
		-1	Change
			■ BAdd TI
			□Remove
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lf an eff <u>Note:</u>	tive date, if other fective date is listed If the date insert nent's effective da	, the date must be ed in this block	specific and does not m	cannot be preet the app	licable stat	f filing or mo	ore than 90 og requirem	_ (optior days after fi ents, this c	ling.) Pursu	ant to 605. ot be liste	0207 (d as t
e recor rd is fi	rd specifies a dela iled.	yed effective d	ate, but not a	an effectiv	e time, at 1	2:01 a.m. c	on the earli	er of: (b)	The 90th	day after	the
Dated	Jul	y 110th		20	21.						

Filing Fee: \$25.00