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COVER LETTER

Division of Cor	porations		
SUBJECT: Loz, LLC			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher Lozano		
		Name of Person	
	Loz, LLC	Funt/Company	
	11021 N. Kendall Dr I.104	1	
		Address	
	Miami	City/State and Zip Code	
	lozbizłłc@gmail.com	to be used for future annual report noti-	fication (
For further information c	oncerning this matter, please ca		
Christopher Lozano		at (786) 3990649 Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction

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

TO:

Registration Section

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

Loz, LLC	
(<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{107}{1000}$ lorida document number $\frac{1.24000457070}{1000000000000000000000000000000000$	28/2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "L.L.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	2 ·
. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Flor	ecords, enter the name of the new regis
	, 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 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>	Address	Type of Action
AMBR	Christopher Lozano	11021 N. Kendall Dr. Apt L104, Miami, FL 33176	\(\exists\) Add
			[]Remove
			□Change
MGR	Christopher Lozano	11021 N. Kendall Dr. Apt L104, Miami, FL 33176	🗆 Add
			≡ Remove
			UChange
			□Remove
			DChange
			[.]Add
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the I	lock does not meet	the applicable	te of filing or more the statutory filing requ	(optional) in 90 days after filing, irrements, this date) Pursuant to 605,0207 will not be listed as
record specifies a delayed effectivistiled.	e date, but not an e	effective time,	nt 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
nted November 15		024			
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	aignaidic or a mem	ner or mann care		icitii/ci	

Filing Fee: \$25.00