000043162

(R	Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LOOP BLUE INT	ERNATIONAL CORP		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	ROBERTO GAGLIARDI			
		Name of Contact Person	1	
	LOOP BLUE INTERNATIO	NAL CORP		
		Firm/ Company	.	
		Address	<u>.</u>	
		City/ State and Zip Cod	e	
	rgagliardi172@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
GLENDALIZ RUIZ		at (407	5200729	
Name (of Contact Person	at (407) 5200729 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment **Articles of Incorporation** of

FILED

2021 MAY 28 AM 6: 04

LOOP BLUE INTERNATIONAL CORE) 	and the same of the State	
(Name o	of Corporation as currer	ntly filed with the Florida Deptof State):	
P19000043162		**************************************	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
	····		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co",	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "	
B. Enter new principal office address, i	if applicable:	9518 BOLERO RD	
(Principal office address MUST BE A ST	TREET ADDRESS)	WINTER GARDEN 34787	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9518 BOLERO RD	
		WINTER GARDEN, 34787	
D. If amending the registered agent and	d/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new	registered office addres	<u>is:</u>	
Name of New Registered Agent			
	9518 BOLERO RD		
•	(Florida s	treet address)	
New Registered Office Address:	WINTER GARDEN	34787 , Florida	
		(City) (Zip Code)	
		(Eq. Code)	
No. D. Company			
New Registered Agent's Signature, if ch Thereby accept the appointment as registe	anging Registered Agen red agent - Lam tamiliar	tt: with and accept the obligations of the position.	
. , , , , , , , , , , , , , , , , , , ,	owngent. Tum juminu	man and accept the omigations of the position.	
	Signature of New 1	Registered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_	<u></u>	
Add				
Remove 3) Change				
Add				
Remove				
4) Change				-
Add				
Remove				
5) Change		_	·	
Add				
Remove				
6) Change		_		
Add		-		
Remove				

Attach additione	adding additional Art of sheets, if necessary).	(Be specific)	<u> </u>			
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f an amendme	nt provides for an excl	hange, reclassifica	tion, or cancellati	on of issued share	es,	
provisions for	implementing the ame	endment if not con	tained in the ame	ndment itself:	_	
(if not appl	icable, indicate N/A)					
						
	 -					
					-	
						

. . .

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
0.5	726/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	ie)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requiremedepartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without share.	eholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes east for the a sufficient for approval.	unendment(s)
	oproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amenda	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
0 3 726/202	1	
Dated		
Signature	(b	
select	director, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)	
	ROBERTO GAGLIARDI	
	(Typed or printed name of person signing)	V
	PRESIDENT	
	(Title of person signing)	