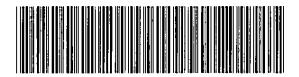
# P230000 38233

| (R                      | equestor's Name)      |          |
|-------------------------|-----------------------|----------|
| (Ac                     | ddress)               | <u> </u> |
| (Ac                     | ddress)               |          |
|                         |                       |          |
| (Ci                     | ty/State/Zip/Phone #) |          |
| PICK-UP                 | WAIT                  | MAIL     |
| (Bo                     | usiness Entity Name)  |          |
| (De                     | ocument Number)       |          |
| Certified Copies        | Certificates of       | Status   |
| Special Instructions to | Filing Officer:       |          |
|                         |                       |          |
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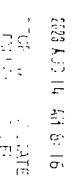
Office Use Only



400413814984

08/14/23--01028--015 \*\*35.00





#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** Loorza Corp NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company

300 Circle Park Dr

Address Sebring FL 33870 Infoedoughtecpa.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>\$63</u>) <u>382-3382</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

|   | Artic | cles of Incorporation |
|---|-------|-----------------------|
|   |       | of                    |
| _ |       | $\circ$               |

|  | of                      | ,,,,                  |                     |              |                 |
|--|-------------------------|-----------------------|---------------------|--------------|-----------------|
| Loorz  | a Co                    | rp                    |                     |              |                 |
| (Name of Corporation :   |                         |                       | la Dept. of State)  |              |                 |
| **************************************   | <u> </u>                | ·                     |                     |              |                 |
| (Document  | t Number of Co          | orporation (if know   | n)                  |              |                 |
| Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:  | atutes, this <i>Flo</i> | rida Profit Corpord   | ation adopts the fo | llowing amen | dment(s) to     |
| A. If amending name, enter the new name of the corpo   | oration:                |                       |                     |              |                 |
|  |                         |                       |                     | The          | new             |
| name must be distinguishable and contain the word "corpo<br>"Inc.," or Co.," or the designation "Corp," "Inc," or<br>"chartered," "professional association," or the abbreviat | r "Co". A pi            |                       |                     |              |                 |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>  | <u>ESS</u> )            |                       |                     |              | _               |
|  | -                       |                       |                     |              | _               |
|  | -                       |                       | <del></del>         |              | _               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                         |                       |                     |              |                 |
|  | _                       |                       |                     |              |                 |
|  |                         |                       |                     |              |                 |
|  | -                       |                       | <del></del>         | <del></del>  | _               |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered office.   |                         | s in Florida, enter   | the name of the     |              |                 |
| · ·  |                         |                       |                     |              | 2,              |
| Name of New Registered Agent   |                         |                       |                     |              | 79 <del>-</del> |
|  | /Et : !                 |                       |                     | <u> </u>     | · <u>·</u> )    |
|  | (Florida street d       | aaaress)              |                     |              |                 |
| New Registered Office Address:   | (Cit                    | bul                   | , Florida           | /Zin Codal   |                 |
|  | 1011                    | , y 7                 |                     | (Zip Code)   | 8: 16           |
| New Registered Agent's Signature, if changing Registe  | ered Agent:             |                       |                     |              |                 |
| I hereby accept the appointment as registered agent. I an  | n familiar with         | and accept the obl    | igations of the pos | ition.       |                 |
|  |                         |                       |                     |              |                 |
|  |                         |                       |                     |              |                 |
| Signatur   | e of New Regis          | stered Agent, if chai | nging               | <del></del>  |                 |
| Check if applicable  |                         |                       |                     |              |                 |
| ~ · · · · · · · · · · · · · · · · · · ·  |                         |                       |                     |              |                 |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

| X Change                      | PT           | John Doe    |  |
|-------------------------------|--------------|-------------|--|
| X Remove                      | <u>V</u>     | Mike Jones  |  |
| X Add                         | <u>sv</u>    | Sally Smith |  |
| Type of Action<br>(Check One) | <u>Title</u> | Name        | Address .  |
| 1) X Change                   |              | Loor, Shyri |  |
| Add                           |              | ,           | KISSIMMEE FL 34759   |
| Remove                        |              |             |  |
| 2) Change                     |              |             |  |
| Add                           |              |             |  |
| Remove 3) Change              |              |             |  |
| Add                           |              |             | <u></u>  |
| Remove                        |              |             | - The state of the |
| 4) Change                     |              |             |  |
| Add                           |              |             |  |
| Remove                        |              |             | 91.1<br>1.1<br>1.1<br>1.1  |
| 5) Change                     |              |             |  |
| Add                           |              |             |  |
| Remove                        |              |             |  |
| 6) Change                     |              | <u> </u>    |  |
| Add                           |              |             |  |
| Remove                        |              |             |  |

| The date of each amendment(s) a late this document was signed.           | doption:June 8, 2023   | , if other than the       |
|--|--|---------------------------|
| Effective date if applicable:  |  |                           |
|  | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this be ocument's effective date on the De | clock does not meet the applicable statutory filing requirements, this date repartment of State's records.   | will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                           |
| The amendment(s) was/were add action was not required.                   | opted by the incorporators, or board of directors without shareholder action a   | and shareholder           |
| The amendment(s) was/were add<br>by the shareholders was/were su         | opted by the shareholders. The number of votes east for the amendment(s) officient for approval.   |                           |
|  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   |                           |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |                           |
| by   |  |                           |
|  | (voting group)   |                           |
|  |  |                           |
| Dated  |  |                           |
| Signature  | > AUG  |                           |
| selecte  | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |                           |
|  | Douglas AMcLean  | 0 0                       |
|  | (Typed or printed name of person signing)  | 1771.<br>CC               |
|  | Registered Agent   |                           |
|  | (Title of person signing)  | <u> </u>                  |
|  |  | ( == .                    |
|  |  | Ç 69                      |
|  |  | 75 6                      |
|  |  | TT.                       |

### DOUGLAS A. MCLEAN, CPA, PA

#### CERTIFIED PUBLIC ACCOUNTANT

300 Circle Park Drive • Sebring, Florida 33870-3305 (863) 382-3382 • Fax: (863) 382-2898 • Email: info@dougthecpa.com

June 8, 2023

Florida Dept of Revenue Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJ: LOORZA CORP

Doc # P23000038233

ENCL: Filing Information (2 Pages)

Gentlemen,

A spelling error has occurred on the enclosed document. On the second page, the first name of the VP/D is spelled Shiry. Its correct spelling is SHYRI. Please correct this in your records.

Thank you for your trouble and cooperation.

Sincerely,

DOUGLAS A MCLEAN, CPA

CC: Loorza Corp 1747 Minnow Ct

Kissimmee, FL 34759