

9543891397

3/27/2020

Division of Corporations



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(((H200000941653)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

: (954)389-1333

Phone Fax Number

: (954)389-1397

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOGIKA AMERICAN PARTNERS LLC

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COVER LETTER

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TO: Registration S Division of Co			: '
LOGIKA ,	AMERICAN PARTNERS LLO	- -	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DANIELLA SANTANA		
		Name of Person	
	SALVER & COOK LLP		
		Firm/Company	<u></u>
	2721 EXECUTIVE PARK	CDR STE 4	
		Address	
	WESTON, FL 33331		
		City/State and Zip Code	
	D.SANTANA@PSCCPAS.COM E-mail address: (to be used for future annual report notification)		
For further information of	oncerning this matter, please c		ricanoni)
DANIELLA SANTANA		954 3891333 at()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
S25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$\$5.00 Filling 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		Street Address: Registration Sec	tion
Division of C		Division of Cor	

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

(((H20000094165 3)))

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 02/0	7/2020 and assigned
Florida document number L20000042352	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	2020 KAR
A. If amending name, enter the new name of the limited liability company her	R 27
he new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	59
Malling address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our rec	ords, enter the name of the new regi
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our rec	ords, enter the name of the new regi
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our rec	ords, enter the name of the new regi
Malling address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our recigent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
Malling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recepted and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ords, enter the name of the new regis
Malling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Flortde	
New Registered Office Address:	a street address

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H20000094165 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAZO, CARLOS E	22721 EXECUTIVE PARK DRIVE STE 4	
		WESTON, FL 33331	⊡Remove
			= Change
AMBR	HANNOVER, CHRISTIAN	22721 EXECUTIVE PARK DRIVE STE 4	□Add
		WESTON, FL 33331	Remove
	Paran I Paran		MChange
AMBR	ESCOBAR CASTELLO, JORGE	22721 EXECUTIVE PARK DRIVE STE 4	
		WESTON, FL 33331	75. []
			Ix Change
			🗆 Add
,			DRemove
			□ Change
-			🗆 Add
			□Remove
			□ Change
			□Add
			□ Remove
		(((H20	☐Change 000094165 3)))

	(((H20000094	165 3)))
D. If amending any other information, enter change(s) here: (Attach addition)	tional sheets, if necessary.)	
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		21/20
	<u> </u>	<u> </u>
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	<u> </u>	<u> </u>
		Pi
	73	00
· ·		
. Effective date, if other than the date of filing:		
(if all effective date is listed, the date must be specific and cannot be prior to date of filing or m	(optional) one than 90 days after filing.) Pursuant to	605.0207 (3
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be	listed as th
the second or th		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. cord is filed.	on the earlier of: (b) The 90th day a	after the
Dated MARCH 27 2020		
Dated MARCH 27 . 2020		
Signature of a member or authorized representative	ot a member	
CARLOS E MAZO		
Typed or printed name of signee		

Filing Fee: \$25.00

(((H20000094185 3)))