

L0400008070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

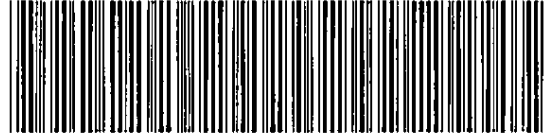
(Business Entity Name)

(Document Number)

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2019 NOV 18 AM 2:19

RW

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WALK IN

PICK UP: 11/15/2019

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** **AMENDMENT** _____

1. **244-248 PENN, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ROBERT P. SALTSMAN, P.A.

Attorney at Law

222 SOUTH PENNSYLVANIA AVENUE, SUITE 200
WINTER PARK, FLORIDA 32789
TELEPHONE: (407) 647-2899
TELEFAX: (407) 628-2307

POST OFFICE BOX 2146
WINTER PARK, FLORIDA 32790
WRITER'S E-MAIL ADDRESS:
BOB@SALTSMANPA.COM

November 18, 2019

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Name Change for Document Number L01000086070

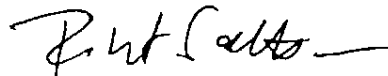
Dear Sirs,

The above entity was formed November 30, 2004 as Logtanna, LLC ("LLC"). On December 16, 2009, an Amendment was submitted to change the name to 244-248 Penn, LLC, and we are submitting an Amendment to change the name back to Logtanna, LLC. The Manager of the LLC is Logtanna, Ltd., and it will continue in that capacity.

The General Partner of Logtanna, Ltd. is Tombstone Capital Partners, LLC, of which I am the Manager.

Feel free to contact us if you have any further questions or comments regarding this matter. Thank you in advance for approving the name change back to Logtanna, LLC.

Sincerely,



Robert P. Saltzman

RPS/jlb

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 244-248 PENN, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT SALTSMAN

Name of Person

ROBERT P. SALTSMAN, P.A.

Firm/Company

P.O. BOX 2146

Address

WINTER PARK, FL 32790

City/State and Zip Code

TRAYMON@MCDIRMITDAVIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT P. SALTSMAN, P.A.

407 647-2899
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

20191118 14:2:19

244-248 PENN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/30/2004 and assigned
Florida document number L04000086070.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOGTANNA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 15, 2019

Robert Saad President
Signature of a member or authorized representative of a member

ROBERT P. SALTSMAN, P.A.

Typed or printed name of signee