

109000039794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

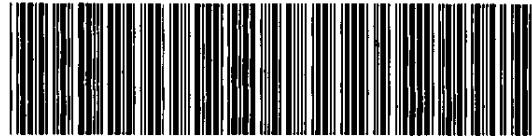
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 01 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LOGIMIX GROUP LLC**

**DOCUMENT NUMBER: L09000039794**

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

Please return all correspondence concerning this matter to the following:

OSCAR GONCALVES  
20900 NE 30<sup>TH</sup> AVE  
SUITE 200  
AVENTURA, FL 33180

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TALLAHASSEE, FLORIDA

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

**LOGIMIX GROUP, 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 04/24/2009 and assigned  
Florida document number L09000039794.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

20900 NE 30th. Avenue

Suite 200

Aventura, FL - 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20900 NE 30th. Avenue

Suite 200

Aventura, FL - 33180

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**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:

Oscar Goncalves

New Registered Office Address:

20900 NE 30th. Avenue. Suite 200

*Enter Florida street address*

Aventura

Florida

33180

*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 608, 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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Oscar Goncalves	20900 NE 30th. Avenue	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Aventura, FL - 33180	
MGRM	Caterina Badiello	20900 NE 30th. Avenue	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Aventura, FL - 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Oscar Goncalves

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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