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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

LOGICORUSA, 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:

MATTHEW L. BELL, CPA

Name of Person

BELL & ASSOCIATES CPA FIRM, LLC

Firm/Company

109 AMBERSWEET WAY, SUITE 401

Address

DAVENPORT, FL 33897

City/State and Zip Code

MATT@BELLANDASSOCIATESCPA.COM

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

For further information concerning this matter, please call:

MATTHEW L. BELL, CPA

863 420-0499

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

LOGICORUSA, LLC					
(Name of the Limited L (A F	<mark>iability Company</mark> Torida Limited Lia	y as it now appears on our records.) ability Company)		-	
The Articles of Organization for this Limited Lia Florida document number L11000061259	bility Company v	were filed on MAY 24, 2011	and	assigne	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	, , ,	1	~ `	 viation
Enter new principal offices address, if applical	ble:	109 AMBERSWEET WAY, S	SUITE:4	0里.	
(Principal office address MUST BE A STREET	ADDRESS)	DAVENPORT, FL 33897	A	S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	109 AMBERSWEET WAY, S DAVENPORT, FL 33897	SSCE PAIR	-5 -5 -38	
B. If amending the registered agent and/or registered agent and/or the new registered offi			the nam	e of th	<u>ie new</u>
Name of New Registered Agent:	BELL & ASSOCIATES CPA FIRM, LLC				
New Registered Office Address:	600 CAGAN PARK AVENUE, SUITE 8 Enter Florida street address				
	CLERMONT	- , Florida_3	34714		
		City	Zip C	ode:	
New Registered Agent's Signature, if changing Re	gistered 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HAWKESWORTH SAFETY SERVICES, LLC	215 CELEBRATION PLACE, SUITE 33	O Add
		CELEBRATION, FL 34747	Remove
MGRM	LOGICOR (GROUP) LIMITED	UNIT 7, THORNES OFFICE PARI	≺ ✓ Add
		MONCKTON ROAD, WAKEFIELD	Remove
		WEST YORKSHIRE, UK, WF2 7A	N
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			Remove Add
			Remove
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