

L12 0 00115503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400271800704

04/23/15--01033--010 \*\*55.00

FILED  
15 APR 23 AM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Shivers APR 30 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KICKIN COTTON 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:

GARY ARNOLD

Name of Person

KICKIN COTTON

Firm/Company

2618 WILD TAMARIND BLVD

Address

ORLANDO FL 32828

City/State and Zip Code

CONTACT@KICKINCOTTON.COM

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

For further information concerning this matter, please call:

GARY ARNOLD

at ( 407 ) 5759797

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**

KICKIN COTTON 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 4/18/2015 and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

THE LOGONOM LLC

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)**

1519 GROVELAND AVE

ORLANDO FL

32806

**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:

KENNY ARNOLD

New Registered Office Address:

1519 GROVELAND AVE

Enter Florida street address

ORLANDO

City

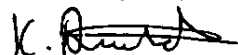
Florida

32806

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	GARY ARNOLD	2618 WILD TAMARIND BLVD	<input type="checkbox"/> Add
		ORLANDO FL	<input checked="" type="checkbox"/> Remove
		32826	
MGR	KENNY ARNOLD	1519 GROVELAND AVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL	<input type="checkbox"/> Remove
		32806	
AMBR	REBECCA ARNOLD	1519 GROVELAND AVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL	<input type="checkbox"/> Remove
		32806	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
15 APR 23 AM 7:26  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

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

---

---

---

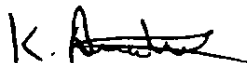
---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 18TH, 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

KENNY ARNOLD

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
15 APR 23 AM 7:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA