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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ACMM CONSULTING, INC  
Account Number : I20140000105  
Phone : (786) 420-2541  
Fax Number : (786) 220-6551

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOGICOM INVESTMENTS LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

15 MAR 26 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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TALLAHASSEE, FLORIDA  
MAR 27 2015  
S. YOUNG

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOGICOM INVESTMENTS 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:

ADRIANA MARQUEZ

Name of Person

Firm/Company

11410 NW 67 TERRACE

Address

DORAL, FL 33178

City/State and Zip Code

ADRIANA@ACMMCONSULTING.COM

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

For further information concerning this matter, please call:

ADRIANA MARQUEZ

at (786)

420-2541

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

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TALLAHASSEE, FL 32301

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

**LOGICOM INVESTMENTS 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 09/11/2012 and assigned  
Florida document number L12000116192.

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:

1541 BRICKELL AVENUE

(Principal office address MUST BE A STREET ADDRESS)

UNIT 1206

MIAMI, FL 33129

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:

1541 BRICKELL AVENUE UNIT 1206

*Enter Florida street address*

MIAMI

*City*

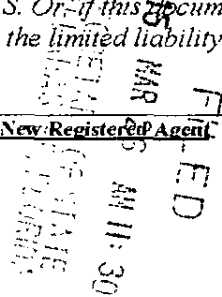
Florida 33129

*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	JIMENEZ, ALFREDO F	60 SW 13TH STREET	<input type="checkbox"/> Add
		#4218	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	JIMENEZ, ALFREDO F	1541 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1206	<input type="checkbox"/> Remove
		MIAMI, FL 33129	
MGR	ZARUR, VERA E	60 SW 13TH STREET	<input type="checkbox"/> Add
		#4218	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	ZARUR, VERA E	1541 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 1206	<input type="checkbox"/> Remove
		MIAMI, FL 33129	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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**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 03/25/2015

*Verar Zarur*

Signature of a member or authorized representative of a member

**VERAR ZARUR**

Typed or printed name of signee

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