

# L13000060718

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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\_\_\_\_\_  
(Business Entity Name)

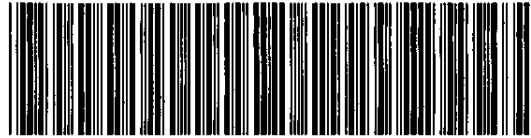
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Logan Financial Planning, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000060718

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Logan  
Name of Person

Logan Financial Planning, LLC  
Name of Firm/Company

10221 US Hwy 98W Suite 20  
Address

Miramar Beach, FL 32550  
City/State and Zip Code

Sam@Loganfinancialplanning.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Logan at ( 850 ) 269-1022  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 DEC -5 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Logan Financial Planning, 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 4/25/2013 and assigned  
Florida document number L13 000060718.

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)

10221 US Hwy 98 W. Suite 20  
Miramar Beach, Florida 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Logan Financial Planning, LLC  
10221 U.S. Hwy 98 W. Suite 20  
Miramar Beach, FL 32550

**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:

Aileen T. Logan

New Registered Office Address:

10221 U.S. Hwy 98 W. Suite 20

*Enter Florida street address*

Miramar Beach, Florida 32550  
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.

Aileen T. Logan  
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>
MGR	Aileen T. Logan	3239 Bay Estates Dr	<input checked="" type="checkbox"/> Add
		Miramar Beach Fl. 32550	<input type="checkbox"/> Remove
MGRM	Sam J. Logan	3239 Bay Estates Dr	<input checked="" type="checkbox"/> Add
		Miramar Beach Fl. 32550	<input type="checkbox"/> Remove
MGR	Kathleen V. Logan	3239 Bay Estates Dr	<input type="checkbox"/> Add
		Miramar Beach, Fl 32550	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated Dec 2, 2013.

Aileen T. Logan

Signature of a member or authorized representative of a member

Aileen T. Logan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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