

L13000136939 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

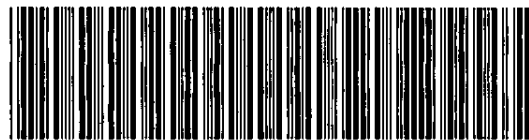
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

B. BOSTICK

NOV - 8 2013

EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Logo to Go 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:

Demetrius Canton
Name of Person

Logo to Go LLC
Firm/Company

4944 SW 166th Ave
Address

Miramar, FL 33027
City/State and Zip Code

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

For further information concerning this matter, please call:

Demetrius Canton at (786) 295-6404
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, FLORIDA
2013 NOV -7 PM 12:58

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

Logo to GO 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 9/23/13 and assigned Florida document number L13000136939.

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)

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:

Enter Florida street address

_____, Florida _____
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.

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	Demetrius Canton	4944 SW 166 th Ave	<input checked="" type="checkbox"/> Add
		Micamar, FL 33027	<input type="checkbox"/> Remove
MGRM	Malgorzata Pas	200 Walton St.	<input checked="" type="checkbox"/> Add
		PO Box 495	<input type="checkbox"/> Remove
		Darien, GA 31305	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Demetrius Canton	4944 SW 166 th Ave	<input type="checkbox"/> Add
		Micamar, FL 33027	<input checked="" type="checkbox"/> Remove
MGR	Malgorzata Pas	200 Walton St.	<input type="checkbox"/> Add
		PO Box 495	<input checked="" type="checkbox"/> Remove
		Darien, GA 31305	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated November 2, 2013



Signature of a member or authorized representative of a member

Demetrius Canton

Typed or printed name of signee

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Filing Fee: \$25.00

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