| /D-                     |                     |  |
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| (Re                     | equestor's Name)    |  |
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| PICK-UP                 | ☐ WAIT              | MAIL   |
| (Bu                     | isiness Entity Na   | me)  |
| (Do                     | ocument Number      | <u>.                                    </u> |
| (50                     | , our more manifest | ,  |
| Certified Copies        | _ Certificate       | s of Status                                  |
| Special Instructions to | Filing Officer:     |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division: of Co |  | -   | •   |               |
|---------------------------------------|--|---|---|---------------|
| Cynthia L SUBJECT:                    | ogan LLC   |   |   |               |
| SUBJECI:                              |  |   |   |               |
| The enclosed Articles o               | f Amendment and fee(s) are sub                     | mitted for filing.  |   |               |
| Please return all corresp             | ondence concerning this matter                     | to the following:   |   |               |
|                                       | Cynthia Logan                                      |   |   |               |
|                                       |  | Name of Person  |   |               |
|                                       | Cynthia Logan LLC                                  |   |   |               |
|                                       |  | Firm/Company  |   | •             |
|                                       | 1032 Tamiami Trail, Suite                          | 7   |   | 16 JUH 10     |
|                                       |  | Address   |   |               |
|                                       | Port Charlotte, FL 33953                           |   | O PM  |               |
|                                       | City/State and Zip Code                            |   |   |               |
|                                       |  | to be used for future annual report notifica                        | ation)  | 75            |
| For further information               | concerning this matter, please ca                  | all:  |   |               |
| Cynthia Logan                         |  | 941 380-2456<br>at ( )  |   |               |
| Name                                  | of Person  |   | elephone 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 I<br>Certificate of<br>Certified Cop<br>(additional copy | Status &<br>y |
| Regis                                 | LING ADDRESS: stration Section ion of Corporations | STREET/COURIE<br>Registration Section<br>Division of Corporat       |   |               |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cynthia Logan LLC  |                      |   | 1                       | <del></del>      |   |
|--|----------------------|---|-------------------------|------------------|---|
| (Name of the Limited Lia<br>(A Flo   | orida Limited L      | ny as <mark>it now appears on ou</mark><br>.iability Company) | r records.)             |                  |   |
| The Articles of Organization for this Limited Liability Florida document number L14000081747                                 | ty Company           | were filed on <u>05-20-201</u>                                | 4                       | _ and ass        | signed                                  |
| his amendment is submitted to amend the following  | g:                   |   |                         |                  |   |
| A. If amending name, enter the new name of the   | <u>limited liabi</u> | ility company here:   |                         |                  |   |
| he new name must be distinguishable and contain the words "  | 'Limited Liabil      | ity Company," the designati                                   | on "LLC" or the abbre   | viation "L       | .L.C."                                  |
| Enter new principal offices address, if applicable:  |                      | 1032 Tamiami Trail, Suite 7                                   |                         | _ 7º2            |   |
| Principal office address MUST BE A STREET AD   | DDRESS)              | Port Charlotte, FL 3395                                       | 53                      | ائ<br>سد)<br>مسا | 7-25                                    |
|  |                      | <del></del>   |                         |                  | - <del>1944-</del>                      |
| Enter new mailing address, if applicable:  |                      | 1032 Tamiami Trail, S   | uite 7                  | o PH             |   |
| Mailing address MAY BE A POST OFFICE BOX   | 2                    | Port Charlotte, FL 339:                                       | 53                      | (5)              | - · · · · · · · · · · · · · · · · · · · |
|  |                      |   |                         | 2                | ည်                                      |
| 3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: | -                    |   | records, enter th       | e name           | of the n                                |
| New Registered Office Address:   | 1032                 | Parriarril  Enter Florida stre                                | Twail, Sa<br>et address | iite             | 7                                       |
|  | Port Ch              | arlotte   | , Florida <u> </u>      | 395.             | 3                                       |
|  |                      | 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                          | Type of Action |
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| Effective date, if of (If an effective date is linguished)  Note: If the date in document's effective | sted, the date must b<br>serted in this bloc | se specific and o<br>k does not me | cannot be prior<br>eet the applic      | cable statutor                         | g or more than 9<br>y filing require  | optiona Odays after filir ments, this da | ig.) Pursuant to 60 | 05.0207 (<br>sted as t |
| the record specifi<br>The 90th day a  |  |                                    | ate, but no                            | ot an effect                           | cive time, at                         | : 12:01 a.m                              | . on the ear        | lier of:               |
| Dated June 3  |  |                                    | 2016                                   | <del>]</del> .                         |                                       |  |                     |                        |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00