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| (Requestor's Name) | _ |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
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| Certified Copies Certificates of Status | - |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| Facility Pro | Construction, LLC | | - |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Christian Fernandez | | |
| | | Name of Person | · |
| | Facility Pro Construction, | LLC | |
| | | Firm/Company | |
| | 1300 E Hillsboro Blvd. Su | ite 200 | |
| | | Address | |
| | Deerfield Beach, FL 3344 | 1 | • |
| | | City/State and Zip Code | |
| | info@maintenancelogix.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | ull: | |
| Christian Fernandez | | 305 397-8344 at (_) | |
| Name o | t Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he 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

| F | ILED |
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| · O SEP | 15. |
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| <u>.)</u> | CORIDA |

Facility Pro Construction, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

| Florida document number 1.15000117882 | | |
|--|----------------------------------|--|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| Logix Construction, LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRES, | <u> </u> | |
| Enter new mailing address, if applicable: | N/A | |
| rinter new maining address, if applicable. | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered | | records, enter the name of the nev |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered | | records, enter the name of the nev |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | | records, enter the name of the nev |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | Enter Florida str | eet address |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | Enter Florida str | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | Enter Florida str | eet address |

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 = N AMBR = A | lanager Authorized Member | | FILED 18 SEP 12 AHII: 5n SEGRETARY DIFFIATE TALLAHASSEE, FLORIDA | |
|---------------------|------------------------------|---------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | SECRETARIA MILES | Type of Action |
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| Effectiv | 9/4/2018 re date, if other than the date of filing: |
| H'an effec | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records. |
| | |
| ha racc | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| | 90th day after the record is filed. |
| | |
| Dated _ | September 4 2018 |
| 17/11001_ | |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | Christian Fernandez |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00