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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Cor			
SUBJECT:	N.B.A. LOGI Name of Limi	STICS LLC.	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANCIS	Name of Person	MARTIN
		. J.J.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1160 Citi	PUS OAKS RUN Address	
	WINTER SPR	iNGS FL - 327	08
	FNAVARW E-mail address: (1	INGS FL - 327 City/State and Zip Code O. MAL G GHAU COM to be used for future annual report notific	ication)
For further information c	oncerning this matter, please ca	all:	
FRANCISCO	NAVARRO	at (786) 775- Area Code Daytime	8804.
Name o	r rerson	Alea Code Dayunie	reseptione Nutriber
Enclosed is a check for the	ne 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

pany as it now appears on our records.) I Liability Company)
y were filed on FLORIDA and assigned
bility company here:
bility Company," the designation "LLC" or the abbreviation "L.L.C."
bility Company," the designation "LLC" or the abbreviation "L.L.C."
M60 CITRUS OAKS RUN
WINTER SPRINGS, FL 32708
2) N N N N N N N N N N N N N N N N N N N
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NIA
office address on our records, enter the name of the re:
CISCO NAVATRO MARTINI
CITRUS CAKS RUW. Enter Florida street address
CITRUS OAKS RUW. Enter Florida street address Springs., Florida 32708 City Zip Code
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	g added
or removed from our records:					

MGR = M $AMBR = A$	anager uthorized Member		
Title .	Name	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00