## LOCOOY7054

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MAR 3 0 2017 S. YOUNG SECRETARY OF STATE ALLAHASSEE FLORID

## **COVER LETTER**

TO: Registration Section Division of Corpor		
	NSULTING LLC	
SUBJECT:	Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing.  Hence concerning this matter to the following:	
	Julia Greenberg - Aguilar	
	Name of Person	
	MyUSAcorporation.com	
	Firm/Company	
	1 Radisson Plaza, Ste.800	ing to:
	Address	1
	New Rochelle, NY 10801	<b>3</b> 55 55 55 55 55 55 55 55 55 55 55 55 55
	City/State and Zip Code	<b>5</b> 92
-	dan@lendberry.com  E-mail address: (to be used for future annual report notification)	HAR 30 AH 11: OL
For further information conc	cerning this matter, please call:	<b>. 6</b>
Julia Greenberg-Aguilar	877- 330-2677	<i>7</i>
Name of Pe	at ()  erson Area Code Daytime Telephone Number	
Enclosed is a check for the fe	following amount:	
□ \$25.00 Filing Fee I	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is en	tus &

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

LOGOS CONSULTING LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) inited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on 03/01/2016	and assigned
Florida document number L16000047054		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited.	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	3
		<b>2</b>
Enter new mailing address, if applicable:		<b>3.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)		<b>7</b>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		eter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
<del></del>	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> <u>Address</u>		Type of Action		
AMBR	DIBENEDETTO, JOANNA	1648 TAYLOR RD, #214			
		PORT ORANGE, FL 32128	■ Remove		
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- Effect	date, if other than the date of filing: (optional)		
(If an eff Note:	ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 's effective date on the Department of State's records.	605.020 listed a	)7 (3)(b) is the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Oth day after the record is filed.	arlier (	of:
Dated	arch 21st 2017		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00