

L16 000 089219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

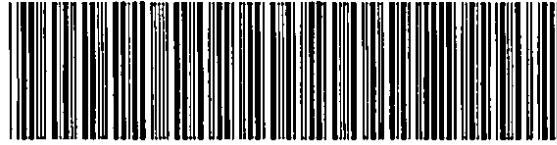
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGIC ILLUMINATION, 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:

CARLOS E TORRES

Name of Person

LOGIC ILLUMINATION, LLC

Firm/Company

3600 COMMERCE BLVD SUITE 102B

Address

KISSIMMEE, FL 34741

City/State and Zip Code

info@logicmasys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS E TORRES at (321) 946-2846
Name of Person Area Code Daytime Telephone 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 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**

LOGIC ILLUMINATION, 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 05/05/2016 and assigned
Florida document number L16000089219.

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 contain 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 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>	<u>Type of Action</u>
MGR	LOGIC ENERGY USA, CORP.	3600 COMMERCE BLVD	<input type="checkbox"/> Add
		SUITE 102B	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input type="checkbox"/> Change
MGR	CARLOS E TORRES	3600 COMMERCE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 102B	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 AUG -7 AM 7:45
ST. CL. TOWN OF J. M. I.
FALL HARBOR, FLD 1007

17 AUG - 7 AM 7:45
BIOGRAPHY OF JOHN
F. KENNEDY
FALL 1963
FEDERAL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 31 2017

[Handwritten signature]

Signature of a member or authorized representative of a member

CARLOS E TORRES

Typed or printed name of signee