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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Glan Adshade AVE AUTHORIZATION REPONE 10 COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE UP LIS BOOK EVAND THE PROPERTY OF THE COUNTY ACTION DATE
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PICK-UP WAIT MAIL
(Business Entity Name)
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DATE 419118

Office Use Only



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ALLAHASSEE FLORID

4PR 0 9 2019 J. HARRIS

COVERLETTER

TO:	Registration Se Division of Cor		•	
SUBJE	logandesign	liabsllc		
SUDJE	····	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		glenn adshade		
			Name of Person	······
		logandesignlabsllc		
			Firm/Company	
	714 musagorun			
			Address	
		lakemary florida 32746		
			City/State and Zip Code	
		gadshade@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	ther information c	oncerning this matter, please co	all:	
glenn a	dshade		407 4169514 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		•
□ \$25	5,00 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



March 26, 2018

GLENN ADSHADE 714 MUSAGORUN LAKEMARY, FL 32746

SUBJECT: LOGANDDESIGNLABSLLC

Ref. Number: W18000028874

211 APR - 6 PH 1: 15
ALL AHASSEE FLORID.

We have received your document for LOGANDDESIGNLABSLLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Page 2 is missing.

Attached is a printout of the business with the document number imputed.,

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00005986

The business was dissolved And I have no intention of reinstating it

Sign

Shu adshad 4/4/18

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

logandesignlabslic / DQ	Andesign Labs//c	
	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab		//30//Cand assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
logandesignlablic		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		Montan
Mailing address MAY BE A POST OFFICE BO	X)	TO COLUMN TO THE PROPERTY OF T
		-10 T
		The state of the s
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rece e address here:	ords, enter the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street aa	P.A.
	Enter riorida street da	uaress
		, 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 = N	lanager authorized Member		
Title	Name	Address	Type of Action
			Add
		Brenda Adshade	™ Remove
		-	Change
			
		-	Remove
			Change
		-	□ Add
	,		□ Remove
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Sig	gnature of a member or authorized re	presentative of a member	SIALE		Rent (
glenn adshade			======================================	****	

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Filing Fee: \$25.00