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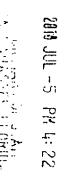
(Re	questor's Name)	· , <u>,</u> , -
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Se Division of Cor			
CHID H		TWORKS LLC		
SUBJE	.c.:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		MICHAEL W. HERZOG		
			Name of Person	
		LOGIC NETWORKS		
			Firm/Company	<u> </u>
		5512 PIONEER PARK E	BLVD.	
			Address	
		TAMPA, FL 33634		
			City/State and Zip Code	
		SALES@LNDCLLC.COM	to be used for future annual report notifi	http://www
For fur	ther information co	oncerning this matter, please of	·	(Carlon)
MICH	AEL W. HERZOO	3	813 298-5690 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$ 2:	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOGIC NETWORKS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on02/12/2018		and assigned
Florida document number L18000037973		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 5512 PIONEER PARK BLVD.		
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33634	
Enter new mailing address, if applicable:	5512 PIONEER PARK BLVD.	
Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33634	125 Un
		т. т
D. 16		
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 	Tice address on our records, <u>g</u> <u>e</u> :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RONALD L SCHNELL JR	3004 W. HEITER ST	
		TAMPA, FL 33607	☐ Remove
			□ Change
			O ∧dd
			Remove
			C Change
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			☐ Remove
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Effective da	te, if other than t late is listed, the date i	the date of fili	07/03// ng:			_ (optional)			
inote: If the	date inserted in this ffective date on the	s block does not	meet the appli	cable statutory	filing requireme	ays after filing ints, this date	will not	tin 605,0 be listed	d as
ne record s The 90th	pecifies a delay day after the r	/ed effective ecord is filed	date, but n l.	ot an effecti	ve time, at 12	2:01 a.m.	on the	earlier	r ol
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00