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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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S. YOUNG

COVER LETTER

.

TO:

	Registration Se Division of Cor			
ellb il ce	Logan Livir	ng Investments FLIPS LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Josh Lugan		
			Name of Person	
		Logan Living		
			Firm/Company	
		12169 154th Rd N		
			Address	
		Jupiter, FL 33478		
		****	City/State and Zip Code	·
		joshua.logan@live.com		
For furthe	er information c	e-mail address: t oncerning this matter, please ca	to be used for future annual report not all:	(meation)
Josh Log			786 571-8216	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
ļ	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monn	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Logan Living Investments FLIPS LLC

(Name of the Limited Liability	Company as it now appears on our records	20
(A Florida L	imited Liability Company)	28
The Articles of Organization for this Limited Liability Con-	mpany were filed on 3-22-2018	and assigned.
Florida document number L18000074360	;	- m
This amendment is submitted to amend the following:		AH 7
A. If amending name, enter the new name of the limite	ed liability company here:	` · 00
Logan Living Media, Staging and Design LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
intuing united with the trives borry		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter</u>	the name of the new register
N and D and a small CAPT of A Library		
New Registered Office Address:	Enter Florida street address	;
	. Fla	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, an ent as provided for in Chapter 605, l	d I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature o	f 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>	Address	Type of Action
amer	Margaret Smith	12169 154th Rd N	
		Jupiter FI. 33478	□Remove
amer	Eric Smith	4966 Hammock Lake Drive	□Add
		Coral Gables, FL 33156	■Remove
			☐ Change
			Li Add
			Change
			🗀 Add
			□Remove
			□Change
			UAdd
			□Remove
			[] Change
			🗀 Add
			□Remove
			□Change

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an effective date is listed, the inte: If the date inscrted i	han the date of filing:
record specifies a delayed I is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
	2020
June 25th	
ated	
June 25th ated	
June 25th ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00