L18000174518

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(Address)	
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COVER LETTER

ORGANIZERLOGIC HOLDINGS, LLC SUBJECT: 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: Syed Delwar Name of Person ORGANIZERLOGIC HOLDINGS, LLC Firm/Company 212221 Town Lake Drive Suite 200 Address Fort Myers, FL 33913 City/State and Zip Code echaudhry@teamfashco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 779-2573 Syed Delwar 630 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ORGANIZERLOGIC HOLDINGS, 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 07/19/2018 and assigned Florida document number L18000174518
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 negistered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Enter Florida street address
City Florida City Zip Code Code Code Code Code Code Code Code
New Registered Agent's Signature, it changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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

If Changing Registered Agent, Signature of New Registered Agent

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 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	Syeda Sanjeda	12221 Towne Lake Drive Unit 200 Fort Myers, FL 33913	
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Effective da If an effective o	i te, if other i date is listed, th	than the date of the date must be spe	of filing:ecific and canno	ot be prior to date	of filing or more	than 90 days after	ional) er filing.) Purst	ant to 605.020
Note: If the	date inserted	in this block do on the Departm	es not meet th	ne applicable si	atutory filing r	equirements, th	is date will n	ot be listed a
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Typed or printed name of signee

Filing Fee: \$25.00