K19 (900270270)

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Suffix		





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A. BUTLER MAY 1 0 2022

COVER LETTER

TO: Registration Section Division of Corporation	ons		
Locas Con	moun cotion	Smarlists 110	
SUBJECT: LOGOS LOY	Name of Limit	Specialists, LLC Liability Company	<u> </u>
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
	_	Name of Person Speciality 4.6	
(J	Firm/Company	
<u>2</u>	20 Lookout	Place STE #150	
	Naitland, FL 3 info Ospeechan E-mail address: (to	City/State and Zip Code Stuff. Com be used for future annual report notifications.	ation)
For further information concerni			
Ariel McLeggon		at (832) 784-69 Area Code Daytime T	799 Telephone Number
Enclosed is a check for the follo	wing amount:		
	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:		Street Address:	
Registration Section Division of Corpora		Registration Secti Division of Corpo	
P.O. Box 6327	actorio	The Centre of Tal	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . WF -

FILED

Logos Communication Si		2022 APR 26 PM 5: 50
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>os.</u>) - SFCRETIBLE
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900270270</u>	were filed on 10/29/20	519 LLAHA SEESTATE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Creative Solutions Communication S	pecialists, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	220 LOOKOUT F	LACE
(Principal office address MUST BE A STREET ADDRESS)	STE 150	
	MAITLAND, FL :	32751
	·	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		. <u>-</u>
B. If amending the registered agent and/or registered office a	address on our records, <u>ente</u>	r the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
Name of New Registered Agent.		-
New Registered Office Address:	Enter Florida street addre	ave
	City F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	ny tout
		·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p	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 th	hat 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			
			Change
			□Add
			□Change
		***	□Add
			Remove
			□Change
			Remove
			□ Add
			□Remove
			□ Change

If an o	ctive date, if other than the date of filing:
.	······································
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d March 30 . 2022
	$A \cdot 0 = 9 \cdot \mathcal{W} I$
	W Must 2 1 1 Chagen
	Signature of a member or authorized representative of a member
	March 30 2002 March 30 Signature of a member of authorized representative of a member ARIEL S. McLEGGON Typed or printed name of signce



RECEIVED

2022 APR 26 PM 12: 30

SECREMAN HOTATE TALLAHASSES, FL

April 18, 2022

ARIEL MCLEGGON 220 LOOKOUT PLACE STE #150 MAITLAND, FL 32751

SUBJECT: LOGOS COMMUNICATION SPECIALISTS, LLC

Ref. Number: L19000270270

We have received your document for LOGOS COMMUNICATION SPECIALISTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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) 245-6050.

Letter Number: 322A00009045

Anissa Butler Regulatory Specialist II

www.sunbiz.org