## LZC CCCC 13778

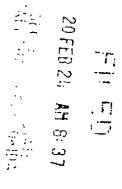
(Requestor's Name)
(Address)
(Address)
(1.051.053)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Falib.Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· -

Office Use Only



700340899727

02/24/20--01031--005 ++25.00



## **COVER LETTER**

TO:

Registration Section

Divis	sion of Cor	porations		
erin it en	LM Logos			
SUBJECT: _			nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return :	all correspo	ondence concerning this matter	to the following:	
		Larry Jackson		
			Name of Person	
		LM Logos LLC		
			Firm/Company	······································
		7512 Dr Phillips Blvd #50	-264	
		<del></del>	Address	
		Orlando, FL 32819		
		····	City/State and Zip Code	
		ljss@loudmouth.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further inf	formation c	oncerning this matter, please c	all:	
Larry Jackson	า		415 378-3333	
	Name o	f Person		e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling 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)
Regi Divi	ing Addressistration Session of C	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
	ahassee, F			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM Logos 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  $\frac{01/07/2020}{}$ \_ and assigned Florida document number <u>L20000013778</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: not applicable The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." not applicable Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) not applicable 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 new registered agent and/or the new registered office address here: not applicable Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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.

City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Larry Jackson	5518 Sail Ct	<b>≡</b> Add
		Orlando, FL 32819	□Remove
			□Change
		<del></del>	□Add
			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	□Remove
			Change
			Remove
			⊡ Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

In error, Larry Jackson was not named as an authorize	ed person i	n the origin	al filing.				
Sandra Teall remains an additional authorized person.							
						-	
				-	•		<del></del>
		<del></del>			<del></del>		
			· ·,				
		· · -		<del></del> -	_		
	<del></del>			<del></del> .	<del> •</del> -		
					### F	201	
					-	6	***
	-					<del>- 5</del>	— <u>—</u>
					·	<u>&gt;∞</u>	 I <del></del> .
						ά	
						37	
		<del> </del>					—
ctive date, if other than the date of filing:	20			lantion	all		
effective date is listed, the date must be specific and cannot be pr	prior to date	of filing or m	ore than 90 da	ıys after fil	ling.) Pu		
e: If the date inserted in this block does not meet the appument's effective date on the Department of State's record		atutory IIIIn	g requireme	nts, this c	iaie wiii	not be	iiste
ord specifies a delayed effective date, but not an effectiv filed.	ve time, at	12:01 a.m.	on the earlie	r of: (b)	The 90	th day a	after
incu.							
February 19 2020							
Leng Archsen Signature of a member or a	<del></del>						
<i>i</i>							

Filing Fee: \$25.00