## L20000 295600

| (Re                                     | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | dress)            |             |  |  |
| (Ad                                     | dress)            | <del></del> |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | of Status   |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |

Office Use Only



000341703400

03/11/20--01019--009 \*\*25.00

2020 MAR II PM 2:50
SECTOLIATION SECTION SECTI

C Kiuzek WYK 5 P. SOSO

## **COVER LETTER**

| Division of C            | Corporations                              |                                      |  |
|--------------------------|---|--------------------------------------|--|
| Logji Te                 | ech LLC (correcting to Loji               | Tech LLC)                            |  |
| SUBJECT:                 |   |                                      |  |
|                          | 1   | Name of Limited Liab                 | oility Company   |
| Dear Sir or Madam:       |   |                                      |  |
| The enclosed Statemen    | nt of Correction and fee(s) a             | re submitted for filing              | g.   |
| Please return all corres | spondence concerning this r               | natter to the following              | ā.   |
| Shannon Stahlin          |   |                                      |  |
|                          | Name of Person                            |                                      | -  |
| Direct Inc.              |   |                                      |  |
|                          | Firm/Company                              |                                      | -  |
| 315 W Huron Ste 24       | 0   |                                      |  |
|                          | Address                                   | <del>-</del>                         | -  |
| Ann Arbor, MI 4810       | 3   |                                      |  |
|                          | City/State and Zip Code                   | <del></del>                          | _  |
| documents@directin       | согр.сот                                  |                                      |  |
| E-mail address:          | (to be used for future annua              | report notification)                 | _  |
| For further informatio   | n concerning this matter, pl              | ease call:                           |  |
| Shannon Stahlin          | 3 1                                       | 877                                  | 281-6496   |
|                          |   | at (                                 |  |
| Nam                      | ne of Person                              | Area Code                            | Daytime Telephone Number   |
| P.O. Box 6               | n Section<br>f Corporations               |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check f    | or the following amount:                  |                                      |  |
| ■\$25 Filing Fee         | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy  |

TO:

Registration Section

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. LOGJI TECH LLC <u>FIRST</u>: The name of the limited liability company is:\_\_\_ L20000029566 SECOND: The Florida Document number of the limited liability company is: Articles of Organization Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT ablaContains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name of the limited liability company was spelled incorrectly as: LOGJI TECH LLC The name of the limited liability company is: LOJI TECH LLC Was defectively signed. The manner in which the document was defectively signed and the appropriate corre as follows:  $\underline{OR}$ The electronic transmission of the record was defective. March 2, 2020 Date Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)



## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. LOGJI TECH LLC **FIRST**: The name of the limited liability company is: L20000029566 The Florida Document number of the limited liability company is: SECOND: Articles of Organization Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT  $oldsymbol{ol}}}}}}}}}}}}}}}$ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name of the limited liability company was spelled incorrectly as: LOGJI TECH LLC The name of the limited liability company is: LOJI TECH LLC OR Was defectively signed. The manner in which the document was defectively signed and the appropriate orrection are as follows: OR The electronic transmission of the record was defective. March 2, 2020 Signature of Authorized Representative Date Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)