

(Requ	estor's Name)	
_		
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)
, ,	·	•
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
(Роси	ment Number)	
(2004		
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
,	-	
		

Office Use Only



800356799378

20.000002 ///

DE1. 1 220

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/22/2020	_				**WALK IN**
ENTITY NAME SHOC	K LOGAN LLC				
DOCUMENT NUMBER					
	PLEASE FILL	E THE ATTACHED	AND RETURI	V	
XXXX	Plain Copy Certified Copy Certificate of Sta	· Lus			··, · · ·
**************************************	**PLEASE OBTAIN TH	HE FOLLOWING FOR Arts & Amendments	? THE ABOVE	ENTITY**	
	Certificate of Good				
	APOSTILLE	' / NOTARIAL CL	RTIFICATIO	DN	
COUNTRY OF DESTINA NUMBER OF CERTIFICS	<u></u>				-
TOTAL OWED \$50.00)	Α		120160000072	
Please call Tina at	the above number f	for any issues or		Thank you so m	uch!

* COVER LETTER

Division of Cor			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Megan Fuentes		
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	
	5900 Balcones Dr. Suite 50	(H)()	
Shook Logan LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Megan Fuentes			
	Austin, Texas, 78731		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	ottication)
For further information c	oncerning this matter, please o	all:	
Megan Fuentes		844 493-6249	
Name o	l'Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shook Logan LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000254915</u> .	were filed on <u>08/19/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3156 Crump Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32309	
Enter new mailing address, if applicable:	3156 Crump Rd.	,
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32309	
		,S)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

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.

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>	Name	Address	Type of Action
AMBR	ANTONIO D LOGAN	3156 Crump Rd.	□Add
		Tallahassee, Fl. 32309	[L]Remove
			≡ Change
			□Add
			□ Ac., □Remove
			□Change
	<u></u>		OAdd
			ElRemove
			□ Change
			CAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

				
				
				<u> </u>
				_
				
				
				
ective date, if other than the of effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the Dep	ck does not meet the applic	cable statutory nung re	(optional) than 90 days after filing.) Pursua equirements, this date will not	n to 605,020' ; be listed a:
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. on	he earlier of: (b) The 90th (lay after the
eded	. 2020	·		
/s/ ANTONIO D LC	OGAN!			
78/ ANTONIO DEG	OM			

Filing Fee: \$25.00