

L21 000069813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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21 SEP 17 AM 7:10

O SIMMONS  
SEP 28 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LOGANAS 3 LLC

\_\_\_\_\_  
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:

MABEL WUNSCHÉ

\_\_\_\_\_  
Name of Person

MABEL WUNSCHÉ INCOME TAX SERVICE INC

\_\_\_\_\_  
Firm/Company

4835 NW 183RD ST

\_\_\_\_\_  
Address

MIAMI GARDENS FL 33055

\_\_\_\_\_  
City/State and Zip Code

MABELWUNSCHETAXES@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA LOUZAN-CULOTTA

754 210-4309  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2021 SEP 17 AM 7:10

LOGANAS 3 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 02/09/2021 and assigned  
Florida document number L21000069813.

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:**

2301 NE 170TH ST APT 2

**(Principal office address MUST BE A STREET ADDRESS)**

NORTH MIAMI BEACH FL 33160

**Enter new mailing address, if applicable:**

4835 NW 183RD ST MIAMI GARDENS FL 33055

**(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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIEL MATIAS LUCERO	2301 NE 170TH ST APT 2 NORTH MIAMI BEACH	<input checked="" type="checkbox"/> Add
		FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIANA LOUZAN-CULOTTA	605 IVES DAIRY RD G205 MIAMI FL 33179	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated SEPTEMBER 11TH 2021

\_\_\_\_\_  
Signature of a member or authorized representative of a member

JULIANA LOUZAN-CULOTTA

Filing Fee: \$25.00